



FY 2021 Annual Report **Supportive Services for Veteran Families (SSVF)**

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About This Report

This report covers the tenth grant period for the U.S. Department of Veterans Affairs (VA) Supportive Services for Veteran Families (SSVF) program, including awards made in 2020 for the FY 2021 period (October 1, 2020, to September 30, 2021). The report summarizes the results attained by the 251 SSVF grantees funded for FY 2021. It is intended to inform Congress and the public about the grantees' important work helping to prevent and end homelessness among our nation's Veterans. A full list of SSVF grantees operating during FY 2021 appears in Appendix 1.

This report uses data reported by grantees through local Homeless Management Information Systems (HMIS) and subsequently provided to VA via monthly uploads to the SSVF HMIS data repository. Additional information was obtained from grantee quarterly reports and surveys of SSVF program participants.

The rapid growth and evolution of the SSVF program and its data collection methods over the last year have made it impractical or unfeasible to present comparison data across all ten years of the SSVF program in every instance. Where it is possible to do that, we have done so in this report.

Section 1 of this report provides national trends on general population homelessness, and on Veteran homelessness specifically, followed by an overview of the SSVF program.

Section 2 presents information on SSVF's COVID-19 response, including descriptions of SSVF's programmatic changes, coordination efforts, monthly Veterans served changes, and related participant trends.

Section 3 provides a funding overview of the SSVF program's expenditures, grantee coverage, and households served in FY 2021, based on aggregated data from all 251 SSVF grantees. This section also describes the types and distribution of homelessness prevention and rapid re-housing services delivered through SSVF.

Section 4 presents information about who was served in the tenth year of the program, including number and household type of participants, and their demographic characteristics.

Section 5 presents the results of the program, including the success rate of participants in securing or retaining permanent housing when they exited the program, as well as participants' gains in income, and their interaction with other key VA programs.

Section 6 presents information about the program's shallow subsidy services, including its purpose, initiation, usage demographics, and outcomes.

Section 7 summarizes grantees' progress in implementing new SSVF services nationwide, and how VA supported grantees with early implementation and service delivery issues throughout

the grant year, including targeting SSVF to those Veterans and their families who were most in-need and promoting rapid re-housing and homelessness prevention best practices.

Finally, Section 8 discusses next steps for the SSVF program in improving outcomes, increasing community integration, and furthering collaboration with local coordinated entry systems, as well as tracking progress toward effectively ending Veteran homelessness according to federally defined criteria and benchmarks.



Executive Summary

The period covered by this report, FY 2021, witnessed the second year of the most significant public health emergency experienced in the United States in over a century. Co-morbid health conditions, psychological trauma, and inadequate access to safe, hygienic environments placed Veterans experiencing homelessness at significant risk for contagion. SSVF continued to lead pioneering efforts addressing this crisis, offering innovative new services to lessen the risk of serious illness or death.

SSVF launched one of the earliest federal responses to the COVID-19 pandemic when it issued national guidelines on March 13, 2020, for VA Medical Centers to work with SSVF grantees in identifying vulnerable homeless Veterans who should be placed in hotels and motels as an alternative to the streets, congregate shelters, and transitional housing. By the end of FY 2021, over 32,000 Veterans had found temporary refuge in these hotel and motel placements. SSVF also created broad flexibilities through the Stafford Act, funded new health care navigation staff aiding access to essential health and mental health services, and supported a national expansion of Shallow Subsidies and legal services to address the broad, societal consequences of COVID-19 - consequences that were particularly severe for the Veteran households experiencing homelessness or living in poverty served by SSVF.

The COVID-19 pandemic worsened existing disparities in homelessness - e.g., systemic racism and discrimination - and exacerbated the homelessness and housing crisis, which has disproportionately impacted Veterans. National data shows that forty-seven (47) percent of Veterans experiencing sheltered homelessness are Black, Indigenous, People of Color (BIPOC) and that 53 percent of Veterans served by SSVF identify as BIPOC. In addition, Veterans experiencing homelessness are on average significantly older, and have higher rates of disabling conditions than their non-Veteran adult homeless counterparts. The most recent annualized national data from 2020 showed that more than half of Veterans experiencing homelessness were age 55 or older (56 percent), compared to about one in four (23 percent) of non-Veteran adults.

Furthermore, the national sheltered data showed that about five in seven (71 percent) Veterans experiencing homelessness had one or more disabling conditions, while half (50 percent) of non-Veteran adults had one or more disabling conditions. These three groups – Veterans who identify as BIPOC, older adult Veterans, and Veterans with one or more disabling conditions have been at higher risk of death and hospitalization from the pandemic.¹

Even before the pandemic, rates of Veteran homelessness were disproportionately higher than their civilian counterparts for the previous decade (FY 2010 through FY 2019). National data from 2020 showed that while Veterans constituted six (6) percent of the U.S. adult population, they made up eight (8) percent of the U.S. adult sheltered population.^{2,3} However, that represented a significant reduction in homelessness among Veterans, which has been cut in half since 2010 (and is reflected in the proportion of Veterans among those experiencing homelessness). In 2010, Veterans comprised 16 percent of all adults experiencing homelessness at a given point-in-time while comprising only 9.5 percent of the adult population (HUD 2010 AHAR).

In 2010, President Barack Obama and the U.S. Department of Veterans Affairs (VA) announced the federal government's goal to end Veteran homelessness. Published by the United States Interagency Council on Homelessness (USICH), this goal was announced as part of our nation's first plan to prevent and end homelessness, titled *Opening Doors*.⁴ It was under this important mandate that the SSVF program began providing targeted housing assistance and services on October 1, 2011.⁵ In concert with other key resources for homeless Veterans, such as the jointly administered U.S. Department of Housing and Urban Development (HUD)–VA Supportive Housing (HUD-VASH) program, SSVF has provided communities with the resources necessary to reduce the number of Veterans experiencing homelessness.⁶

¹ “Homeless System Response: Coordinating with Public Health for Safe Transitions into Housing,” U.S. Department of Housing and Urban Development, Retrieved December 21, 2022, <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Coordinating-with-Public-Health-for-Safe-Transitions-into-Housing.pdf>.

² Source: U.S. Census, American Community Survey, 2021.

³ Source: Annual Homeless Assessment Report (AHAR) 2020, Part 2.

⁴ The *Opening Doors* federal strategic plan to prevent and end homelessness was released in June 2010 by President Barack Obama. The plan includes the federal goal of ending chronic and Veteran homelessness. More information about this strategic plan can be found at the United States Interagency Council on Homelessness *Opening Doors* webpage: <https://www.hudexchange.info/resource/1237/usich-opening-doors-federal-strategic-plan-end-homelessness/>.

⁵ The SSVF program is authorized by 38 U.S.C. 2044. VA implements the program by regulations in 38 CFR part 62. SSVF funding award periods follow the federal fiscal year, which begins on October 1 and ends on September 30.

⁶ Source: Annual Homeless Assessment Report (AHAR) 2020, Part 1.

One of the critical tools for ending homelessness among Veterans has been SSVF. The SSVF program has grown significantly since its inception, corresponding with year-to-year decreases in Veteran homelessness. In the first year of the program (FY 2012), \$60 million in SSVF funding was awarded to 85 grantees in 40 states and the District of Columbia. Between FY 2015 and FY 2017 SSVF administered supplemental three-year funding awards for 67 high-priority (“Priority 1”) communities with high concentrations of Veterans experiencing homelessness, with most awards concluding in FY 2017 and the remainder ending in FY 2018. This effort represented an unprecedented “surge” in SSVF resources to end Veteran homelessness in those communities.⁷ The total amount available for Priority 1 communities for the three-year period was \$289 million. By FY 2019, \$351 million in SSVF grant funding was expended by 252 grantees serving all 50 states, the District of Columbia, and three U.S. territories. Grantees funded in FY 2019 provided SSVF services in 392 of the 396 Continuums of Care (CoCs) nationwide. In FY 2020, \$540 million was expended by 257 grantees, including Coronavirus Aid, Relief, and Economic Security (CARES) Act funds used by grantees to respond to the COVID-19 pandemic’s impact on Veteran families at literal risk of homelessness or experiencing homelessness. FY 2021 saw expenditures rise to approximately \$633 million by 251 SSVF grantees as the program continued to respond to the COVID-19 pandemic’s impact on Veteran families.

In FY 2020 and FY 2021, VA focused its program implementation and support efforts on promoting safety, consistency, quality, equity, and effectiveness in the provision of SSVF services for Veterans. SSVF launched a two-year Shallow Subsidy pilot initiative in 11 high-cost, low-vacancy communities to provide limited rental assistance over a longer period of time to Veterans enrolled in rapid re-housing and homelessness prevention services in FY 2019. In FY 2021, the Shallow Subsidy service’s availability was expanded to all grantees nationally by the SSVF Program.

This year, SSVF continued to respond to the COVID-19 pandemic with the implementation of programmatic and regulatory changes (including waiver changes) and closely working with grantees, the Centers for Disease Control (CDC), HUD, and technical assistance providers. CARES Act resources were used to expand the number of Veteran households served, the ways in which they were served, and to extend their temporary stays at safe locations.

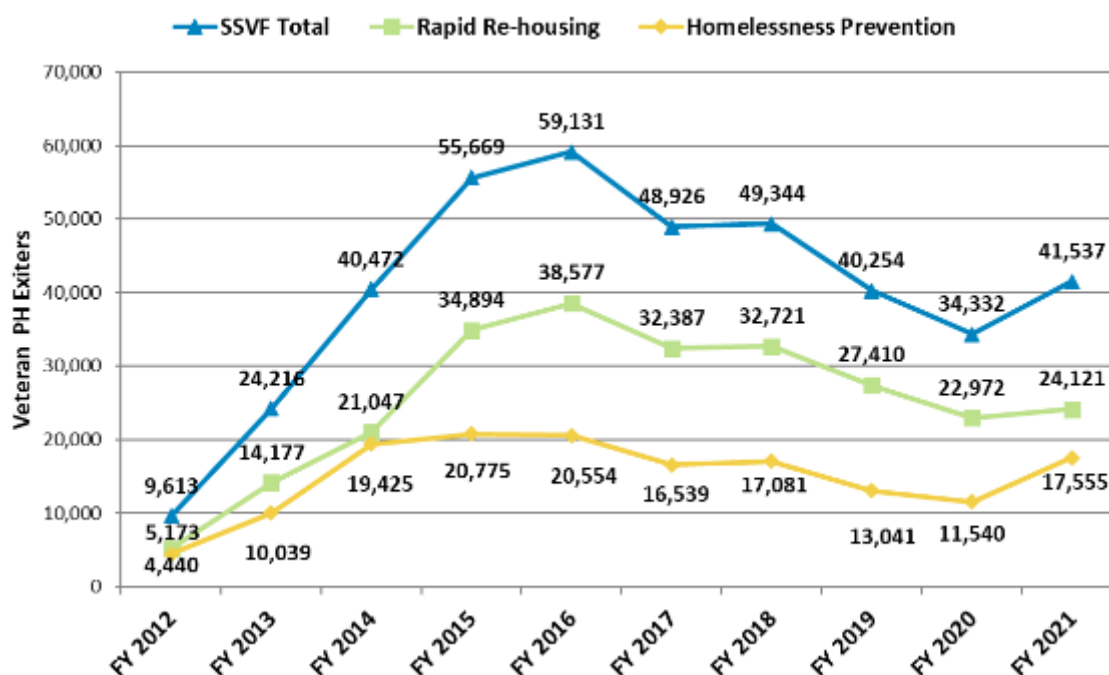
Since SSVF’s inception in FY 2012, the program has served a cumulative total of 732,042 Veterans and increased the annual number of Veterans served, from 19,854 in FY 2012 to 80,924 in FY 2021.⁸ More than two-thirds (69 percent) of Veterans served received rapid re-housing assistance over the ten years, whereas one-third (33 percent) received homelessness prevention

⁷ In FY 2017 and earlier SSVF annual reports, 71 communities were noted as being part of the Priority 1 initiative. That was a slight overestimate due to local CoC mergers and duplicate counting of new supplemental grantees within Priority 1 communities that already had one or more surge grants awarded in the initiative’s first funding round.

⁸ Across SSVF program years, it is not currently possible to un-duplicate service data. The “cumulative total” represents the sum of the Veterans served each program year.

assistance. One (1) percent of Veterans received both assistance types during the ten years of SSVF operations. SSVF continues to prioritize the delivery of services to currently homeless Veteran households, with the percentage of Veterans receiving rapid re-housing assistance comprising 65 percent of Veterans served in FY 2021.

Exhibit ES.1: SSVF Veteran Exits to Permanent Housing (FYs 2012-2021)



SOURCE: SSVF-HMIS Repository data.

Over the first ten years of the SSVF program, 511,763 Veterans exited the program, with 79 percent (403,494) successfully securing permanent housing.⁹ As shown in Exhibit ES.1, over the first three years of the program, the number of Veterans securing permanent housing at exit increased—from 9,613 in FY 2012 to 40,472 by FY 2014. SSVF’s surge to Priority 1 communities helped expand the program’s Veteran permanent housing placements from FY 2015 through FY 2017, with a high of 59,131 in FY 2016. Most recently, in FY 2021, 41,537 Veterans secured permanent housing.

Between FY 2012 and FY 2019, of the Veterans exiting from SSVF homelessness prevention assistance since SSVF’s inception, 88 percent exited to permanent housing after participating in SSVF services for an average of 98 days. Meanwhile, 75 percent of Veterans experienced homelessness and received rapid re-housing assistance exited to permanent housing, after participating for an average of 119 days.

⁹ See note 8.

In FY 2020, in response to the pandemic, the SSVF Program Office and grantees immediately acted to reduce COVID-19 exposure risks to Veteran households in need of their services. This assistance included extending client participation time in safe shelter locations, including hotels, motels, care facilities, and housing units. Overall length of participation for those exiting Veterans rose to 113 days in FY 2020, about two weeks longer than the historical average, mainly due to increased coordination time and hotel/motel stays needed for health and safety. Similarly, the average length of participation for SSVF rapid re-housing Veterans who moved to permanent housing extended about three weeks longer than the historical average to 139 days. These increases in participation time led to fewer Veterans exiting the program by the end of FY 2020 than usual.

As the pandemic continued in FY 2021, SSVF rapid re-housing Veteran exits increased by more than half compared to FY 2020. That was in large part because the number of Veterans receiving SSVF rapid re-housing assistance on a monthly basis peaked the month before the start of FY 2021 (September 2020). During FY 2021, SSVF grantees worked to move those Veterans who had been housed in hotels and motels during the spring and summer of 2020 (during FY 2020) into permanent housing. SSVF case managers addressed Veterans' understandable hesitancy to leave the hotel/motel due to the continuing pandemic, prolonged approval processes for other programs, and other reasons for not moving on. They did so by working one-on-one with Veterans to find them appropriate housing and support, either through SSVF or referrals to other programs such as HUD-VASH.

Since its inception, SSVF's rapid re-housing assistance has become a substantial component of local crisis response systems for Veterans experiencing literal homelessness across the United States. In FY 2021, 52,973 Veterans experiencing literal homelessness were assisted by an SSVF rapid re-housing program – roughly 63 percent of the most recent U.S. sheltered population of Veterans experiencing homelessness (from FY 2020). Sheltered Veteran homelessness includes Veterans staying in emergency shelters, safe havens, or transitional housing programs.¹⁰

Key FY 2021 Findings and Results

- SSVF served 80,924 Veterans in FY 2021 and 116,896 persons overall. Sixty-five (65) percent of SSVF Veterans (52,973) participated in rapid re-housing services, 35 percent of Veterans (28,619) participated in homelessness prevention services, and less than one percent (0.8 percent) of Veterans (668) participated in both service types.
 - Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (CARES 2.0), the Coronavirus Aid, Relief, and the Economic Security Act (CARES 3.0) funding resources enabled SSVF to serve 15 percent more Veterans than in FY 2019, the year before the COVID-19 pandemic started.

¹⁰ This definition of sheltered homelessness is consistently used throughout the rest of this report.

- An estimated 18,245 Veterans had stays in hotels or motels funded by SSVF Emergency Housing Assistance (EHA) during FY 2021. EHA was necessary to maintain the safety of Veterans experiencing homelessness, especially those residing in unsheltered or temporary communal shelter situations with higher risks of exposure to COVID-19.
- More than half (53 percent) of the 80,924 Veterans served by SSVF identified as BIPOC compared with 47 percent of Veterans in shelters nationwide. BIPOC have been at higher risk of hospitalization and death throughout the COVID-19 pandemic.
- Half of SSVF Veterans (51 percent) were ages 55 or above, while the other half were ages 18 to 54 (49 percent). The largest single age category of SSVF Veterans was the “55 to 64 years old” group at 34 percent. Older Veterans have been at higher risk of hospitalization and death throughout the COVID-19 pandemic.
- Two in three (66 percent or 53,726) of the 80,924 Veteran participants in the SSVF program reported one or more disabling conditions. Seventy-one (71) percent of Veterans in shelters reported having disabling conditions in the most recent data available (FY 2020), indicating that SSVF is serving a slightly lower percentage of Veterans reporting disabling conditions. Disabling condition rates continued to rise for Veterans entering SSVF. At its inception in FY 2012, 54 percent of entering Veterans had one or more disabling conditions, by FY 2021 that figure rose to 66 percent, a 12 percent increase over ten years.
 - Veterans with a one or more disabling condition have been at higher risk of hospitalization and death throughout the COVID-19 pandemic.
- Of the 52,822 SSVF Veterans exiting the program who received health care services from the VA Health Administration, many reported being treated for serious health and mental health conditions, including cardiovascular disease (53 percent), a substance use disorder (50 percent), major depressive disorder (48 percent), and post-traumatic stress disorder (14 percent).
- Of all VA homeless initiatives, SSVF served the highest proportion of Veterans who are women and the second highest proportion of Veterans who served in Afghanistan or Iraq in FY 2021.
 - Thirteen percent (10,604) of SSVF Veterans were women.
 - Fifteen percent (12,233) of SSVF Veterans participants served in Afghanistan or Iraq.
- Nearly one in five (18 percent or 20,971) of all SSVF participants served were dependent children. SSVF provided support to help keep Veteran families together.
- The ongoing challenges created by COVID-19, resulted in the length of participation in the program for the average Veteran household being significantly longer than the year before the pandemic (+60 days over FY 2019 to 182 average days in FY 2021). The need

for additional services and financial assistance due to the unpredictable nature of the pandemic, as well as the flexibilities of the Stafford Act Emergency Declaration, likely resulted in longer lengths of participation for Veterans than prior years.

- Seventy-four (74) percent (60,130) of the 81,403 Veteran households served earned less than 30 percent of the median income for their area (AMI) and household size when they entered the SSVF program.¹¹
- Veterans with no income (14,490) and those earning \$1 to \$500 in monthly income at entry (5,091) still achieved a relatively high rate of success in obtaining or remaining in permanent housing at exit: 69 percent and 76 percent for each group, respectively.
- Thirty-one (31) percent of Veterans with zero income (4,480) at entry exited SSVF with some amount of monthly income. For Veterans entering SSVF with monthly incomes of \$1 to \$500 per month, a net 1,138 exited the program with higher incomes (22 percent of this group). Of particular note were the significantly improved results for those who were served by Shallow Subsidy pilot sites. For Veteran exiters who had monthly incomes at entry between \$0 and \$2,000, and who received shallow subsidies between October 2020 and March 2022 (ending just after the period covered in this report), 45 percent increased their income – double the increase seen in “traditional” SSVF services.

SSVF Rapid Re-Housing (RRH)

- SSVF assisted a total of 52,973 Veterans experiencing literal homelessness. Nationwide, roughly 63 percent of all sheltered Veterans experiencing homelessness received assistance from SSVF focused on ending their homelessness situations.
 - CARES Act, CARES Act 2.0, and CARES Act 3.0 funding enabled SSVF to serve more than 1,000 (+1,023) additional Veterans experiencing literal homelessness than the year before the COVID-19 pandemic (FY 2019) despite increased lengths of participation - thereby improving those highly vulnerable households’ stability and safety.
- More than two in three Veterans (68 percent) exiting SSVF rapid re-housing programs successfully ended their homelessness and moved into permanent housing (24,310).
- Among Veterans who received rapid re-housing services and exited to permanent housing in FY 2020 (the most recent data available), returns to VA homeless programs were low. Of the 22,972 rapid re-housing Veterans who exited permanent housing in FY 2020, the Veterans in the National Center on Homelessness among Veterans’ dataset

¹¹ The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household. New SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation when it is the result of domestic violence.

matched 19,143 of their cases. Of that dataset, 95 percent of FY 2020 Veterans who were rapidly re-housed avoided returns to VA homeless programs in 6 months. Over a 12-month period, 93 percent avoided such returns. Although most Veterans who received rapid re-housing services and exited to permanent housing had low rates of returns to VA homeless programs, there were racial disparities in returns noted.

- Combined returners data from FY 2019 and FY 2020 for Black, Indigenous or People of Color (BIPOC) Veteran rapid re-housing exiters showed that for BIPOC Veterans in households without children, 7.6 percent entered a VA homeless program within six months of exit, compared to 6.9 percent of their white/non-Latina/o/x counterparts – a 0.7 percent difference.
- Similarly, for BIPOC Veteran rapid re-housing exiters in households with children, 6.1 percent entered a VA homeless program within six months of exit, compared to 5.5 percent of their white/non-Latina/o/x counterparts – a 0.6 percent difference.

SSVF Homelessness Prevention (HP)

- SSVF assisted a total of 28,619 Veterans who were at risk of experiencing literal homelessness.
- CARES Act, CARES Act 2.0, and CARES Act 3.0 funding resources enabled SSVF to serve 49 percent more Veterans at risk of experiencing literal homelessness in FY 2021 than the year before COVID-19 pandemic (FY 2019) to assist with improving household stability and safety.
- Nearly seven in eight Veterans (86 percent or 17,613 Veterans) exiting SSVF homelessness prevention assistance maintained their housing or found other permanent housing and successfully avoided shelter or the streets.
- Among Veterans who received homelessness prevention services and exited to permanent housing in FY 2020 (the most recent data available), returns to VA homeless programs were very low. Of the 11,540 homelessness prevention Veterans who exited permanent housing in FY 2020 (the most recent data available), 8,831 were matched to the National Center on Homelessness among Veterans’ (“the Center”) dataset. Of that dataset, 96 percent of FY 2020 HP Veterans who exited to permanent housing avoided entering VA homeless programs in 6 months. Over a 12-month period, 93 percent avoided such returns. Although most Veterans who received rapid re-housing services and exited to permanent housing had low rates of returns to VA homeless programs, there were racial disparities in returns noted. Although most FY 2020 Veterans who received homelessness prevention services and exited to permanent housing had low rates of returns to VA homeless programs, there were racial disparities in returns noted.
 - Combined returners data from FY 2019 and FY 2020 for BIPOC Veteran homelessness prevention exiters showed that for BIPOC Veterans in households

without children, 6.9 percent entered a VA homeless program within six months of exit, compared to 5.7 percent of their white/non-Latina/o/x counterparts – a 0.8 percent difference.

- Similarly, for BIPOC Veteran homelessness prevention exiters in households with children, 5.4 percent entered a VA homeless program within six months of exit, compared to 3.9 percent of their white/non-Latina/o/x counterparts – a 1.5 percent difference.

SSVF will continue to closely monitor this data to try to reduce these disparate outcomes. These dedicated efforts will rely on capacity building and coordination across multiple providers and systems. Through SSVF's participation in local Homeless Management Information Systems (HMIS) and a requirement that grantees actively engage in community planning through coordinated entry, VA seeks to ensure that SSVF grantees are working with CoCs to implement equity-led and data-informed plans to eliminate disparities and end homelessness amongst all Veterans.

Section 1: Introduction

This is the tenth Annual Report of the Supportive Services for Veteran Families (SSVF) program. The report describes the SSVF program and provides an overview of FY 2021 grantees (funds awarded through the FY 2020 Notice of Funding Availability (NOFA)) and their activities.

The main focus of this report is Veterans, and their families, assisted by SSVF programs. The report describes SSVF's pandemic response, the demographics of SSVF program participants, their living situations prior to participation in SSVF, and their housing outcomes and connections to resources and mainstream benefits at exit, in order to support their continued stability.

This section provides an overview of the SSVF program model, its participant eligibility, services, role in housing stabilization, and its role and scale in the US Veteran homeless response and prevention system over time.



1.1 SSVF Overview

SSVF is designed to rapidly re-house Veteran families experiencing homelessness and prevent homelessness for those at imminent risk due to a housing crisis. SSVF helps stabilize Veteran households, once their crisis is resolved, with temporary financial assistance, case management, and linkages to the U.S. Department of Veteran Affairs (VA), employment resources, community-based services, and housing assistance. SSVF's success is dependent on the use of a Veteran-centered, equity-led, Housing First approach. This proven model focuses on helping individuals and family's access and sustain permanent rental housing as quickly as possible and without precondition, while facilitating access to needed health care, employment, legal services, and other supports to sustain permanent housing and improve their quality of life. This broad range of services are offered both to address barriers to housing placement and to sustain Veteran families in housing once the presenting housing crisis has been addressed.

SSVF is different from some of the other VA homeless programs in that it provides services to the entire family, not just the Veteran. Eligible program participants may be single Veterans or families in which the head of household, or the spouse of the head of household, is a Veteran. This capability allows SSVF to provide assistance to family members that can aid the Veteran's entire household. For instance, SSVF can help a Veteran's disabled partner gain employment and/or benefits, bringing additional income into the household. Similarly, children can be linked to needed childcare services that allow parents to seek and keep employment. Such assistance to family members can be vital in resolving a Veteran's housing crisis, helping keep families intact, and preventing the traumatization and long-term consequences that occur when children come to experience homelessness or remain in homeless situations.

While SSVF was initially designed to address Veteran households' housing crises, the program has adapted to aiding these households in the aftermath of weather disasters, such as Hurricanes Harvey and Irma, and throughout the COVID-19 pandemic. The *COVID-19 Response* and the *SSVF Program Implementation and Technical Assistance* sections of this report (Sections 2 and 7) detail SSVF's recent programmatic adaptations as a result of COVID-19. Those adaptations helped SSVF grantees to remain effective service providers while maintaining SSVF's housing focus throughout the pandemic.

1.1.1 Eligibility

To be eligible for SSVF in FY 2021, Veteran families must have low incomes, less than 50 percent of Area Median Income (AMI), and either be experiencing literal homelessness or imminently at-risk of experiencing literal homelessness. Additionally, SSVF prioritizes assistance for certain target populations. For grants awarded in FY 2021, these prioritized populations included the following:

- Veteran families earning less than 30 percent of AMI
- Veterans with at least one dependent family member

SECTION 1: Introduction

- Veterans returning from Iraq and Afghanistan
- Veteran families located in a community not currently served by an SSVF grantee¹²
- Veteran families located in a community where the current level of SSVF services is not sufficient to meet demand of currently homeless Veteran families¹³
- Veteran families located in rural areas or on Indian tribal property

SSVF grantees assist participants by providing a range of supportive services designed to resolve the immediate housing crisis and promote housing stability. Grantees are required to provide the following supportive services to Veteran households:

- Outreach services
- Case management services
- Health care navigation
- Assistance in obtaining VA benefits: assistance in obtaining any benefits from the Department of Veterans Affairs that the Veteran may be eligible to receive, including, but not limited to, vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services
- Assistance in obtaining and coordinating the provision of other public benefits available in the grantee's area or community, including:
 - Health care services (including obtaining health insurance)
 - Daily living services
 - Personal financial planning
 - Transportation services
 - Income-support services
 - Fiduciary and representative payee services
 - Legal services to assist the Veteran family with issues that interfere with the family's ability to obtain or retain housing or supportive services
 - Childcare
 - Housing counseling
 - Other services necessary for maintaining independent living

¹² This priority defines *community* using the Continuum of Care geography, as established by the U.S. Department of Housing and Urban Development (HUD).

¹³ As defined by HUD's Continuum of Care (CoC) Program, at a Category 2 and 3 level.

1.1.2 Housing Stabilization

In addition to the required supportive services, SSVF emphasizes housing stabilization and helping participants develop a plan for preventing future housing instability. Grantees may also assist participants by providing temporary financial assistance (TFA), including rental assistance, security, or utility deposits, moving costs, or emergency supplies. TFA is paid directly to a third party on behalf of a participant for rental assistance, utility fee payment assistance, security, or utility deposits, moving costs, childcare, transportation, emergency supplies, emergency housing, and general housing assistance, as necessary and within program limits. All grantees have incorporated TFA into their available services.

1.2 Impact on National Trends

Due to the COVID-19 pandemic's health and safety risks, and the additional logistical challenges that the pandemic presented, the most recently available national single night estimate of Veterans experiencing unsheltered or sheltered homelessness was for January 2020. On a single night in January 2020, U.S. Department of Housing and Urban Development (HUD) estimates that 37,252 Veterans experienced homelessness in the United States, a decrease of nearly half (49 percent) since January 2010.¹⁴

On an annual basis, between October 1, 2019, and September 30, 2020, HUD estimated that 1 out of every 160 Veterans nationwide (an estimated 84,667 Veterans) stayed in an emergency shelter or a transitional housing program—a 43 percent (-64,968 Veterans) decrease since 2009.^{15,16}

SSVF has been a critical resource for helping to re-tool local homelessness crisis response systems to better meet the needs of Veterans in crisis. Following evidence-based practices, SSVF assistance is focused on needs related to ending a Veteran family's homelessness episode or preventing it when a Veteran family is at imminent risk of experiencing homelessness. SSVF grantees employ Housing First approaches to efficiently resolve housing crises, and they are expected to actively participate in local coordinated entry systems established by Continuums of Care (CoCs). The U.S. Interagency Council on Homelessness (USICH) states:

¹⁴ U.S. Department of Housing and Urban Development, *2020 Annual Homeless Assessment Report to Congress*, Part 1.

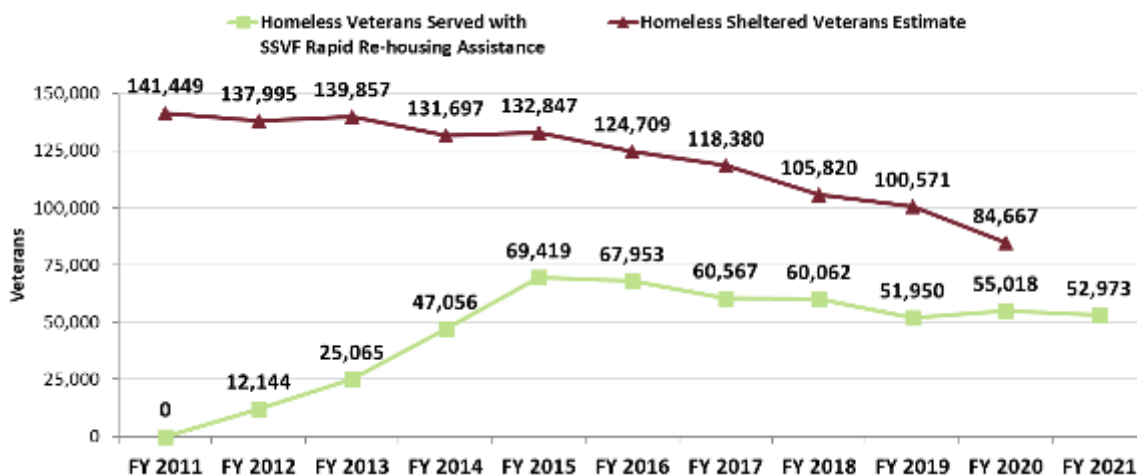
¹⁵ U.S. Department of Housing and Urban Development, *2020 Annual Homeless Assessment Report to Congress*, Part 2.

¹⁶ There were methodological changes in the AHAR's national sheltered estimation approaches between FY 2009 and FY 2020. Most significantly, HUD provided a different reporting system for CoCs (the HUD Data Exchange vs. the HUD Longitudinal System Analysis tool), which necessitated a different estimate methodology. Additional details about these changes can be found in the 2020 AHAR Part 2 Report. There is no other widely used source for national estimates for Veterans experiencing sheltered homelessness for this time period.

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Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.¹⁷

Exhibit 1.1: SSVF Rapid Re-housing and Annual Homeless Sheltered Veterans (FYs 2011-2021)¹⁸



NOTE: AHAR Part 2 estimates include only sheltered Veterans experiencing homelessness being served in projects entering data into HMIS.

SOURCES: SSVF-HMIS Repository data; AHAR.

Since its inception in FY 2012, SSVF rapid re-housing assistance has become a central part of the U.S. response to the needs of Veterans experiencing literal homelessness. In FY 2012, roughly nine (9) percent of all sheltered Veterans experiencing homelessness (12,144) received help from SSVF rapid re-housing to exit homelessness. This doubled in FY 2013 to 18 percent (25,065) and doubled again in FY 2014 to 36 percent (47,056).

Between FY 2015 and FY 2018, VA provided supplemental three-year funding awards for 67 high-priority (“Priority 1”) communities with high concentrations of Veterans experiencing

¹⁷ U.S. Interagency Council on Homelessness, *Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation*, September 2016. Washington, DC.

¹⁸ AHAR Part 2 national sheltered annual data was only available through FY 2020 at the time of this report’s publication. That report’s release was delayed due to a switch in data collection systems. The next AHAR Part 2 report will publish FY 2021 data. It will be released during calendar year 2023.

SECTION 1: Introduction

homelessness, with most awards concluding in FY 2017 and the remainder ending in FY 2018. This effort represented an unprecedented “surge” in SSVF resources to end Veteran homelessness in those communities. The total amount available for Priority 1 communities for the three-year period was \$289 million, in addition to base awards. Over the course of the Priority 1 community “surge” effort, the percentage of SSVF Veterans receiving RRH assistance compared to the Veterans experiencing sheltered homelessness rose. That comparable percentage fluctuated between 51 percent and 57 percent over the period. Overall, SSVF’s Priority 1 community “surge” effort period led to SSVF rapid re-housing services becoming an even larger part of the U.S. national response to Veteran homelessness.

In FY 2019, there was a 14 percent decrease in SSVF Veterans receiving rapid re-housing assistance as the first year of the post- Priority 1 community “surge” period. Still, a greater percentage of SSVF Veterans were served with RRH in FY 2019 than during any of the pre-surge years. Roughly 52 percent of Veterans experiencing sheltered homelessness nationally received rapid re-housing assistance.

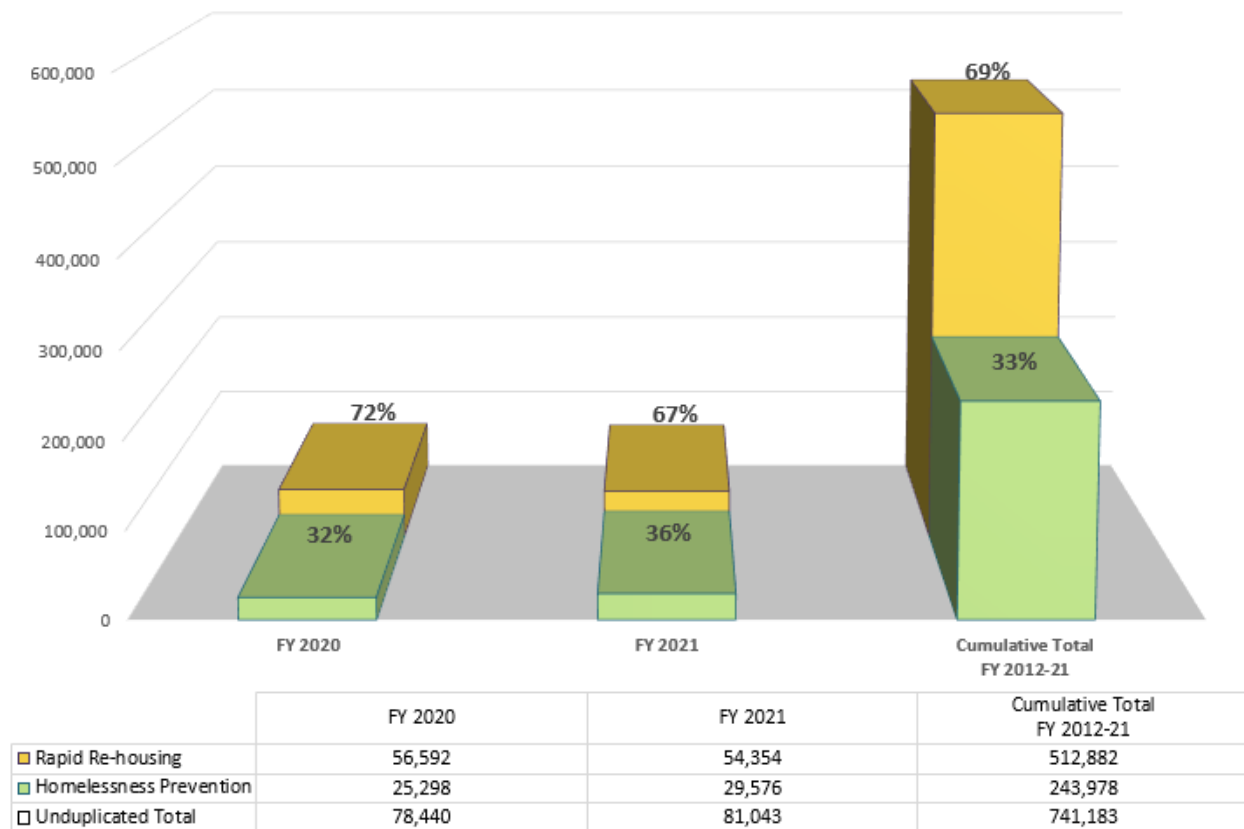
In FY 2020, the COVID-19 pandemic struck in the second half of the year. SSVF grantees responded by significantly increasing the enrollment of Veterans starting in May 2020 and maintaining higher enrollment rates throughout the rest of the year. Nationally, that resulted in the highest ever proportional usage of rapid re-housing for Veterans experiencing homelessness at roughly 65 percent of the FY 2020 Veterans experiencing sheltered homelessness. By the end of FY 2020, 3,068 more Veterans received SSVF RRH assistance than the prior year. Further, while the number of Veterans served increased, so did grantee monthly caseloads, as the protection of Veterans’ health and safety was prioritized over move-in activities and the time limits on how long Veterans could receive rapid re-housing assistance were lifted.

In FY 2021, SSVF Veterans served per month steadied as the program’s COVID-19 response entered its second year. Grantees served nearly 53,000 (52,973) Veterans with SSVF RRH assistance. That amounted to a 4 percent decrease in the number of Veterans served with SSVF RRH from the prior year (which was about 1,000 Veterans more than in FY 2019 (pre-COVID-19)). Assuming that the FY 2020 Veterans’ shelter total remained steady in FY 2021, roughly 63 percent of the national sheltered Veterans experiencing homelessness total were served by SSVF RRH in FY 2021.

More information on increases of SSVF Veterans served per month is provided in the COVID-19 Response section of this report (Section 2).

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Exhibit 1.2: SSVF Households Served, by Housing Assistance Type (FYs 2012-2021)



NOTE: Across SSVF program years, it is not currently possible to un-duplicate service data. The “cumulative total” represents the sum of the Veterans served each program year.

SOURCE: SSVF-HMIS Repository data.

SSVF assisted 81,026 Veteran households consisting of 116,854 people in its tenth year of program operations. In FY 2021, there were increases in the numbers of households (+3 percent), total persons (+3 percent), and Veterans (+2 percent) served by SSVF compared to FY 2020.

Those modest increases in households, total persons, and Veterans served over the last year were primarily due to SSVF’s continuing response to the COVID-19 pandemic. Compared to the year before the COVID-19 pandemic began (FY 2019), SSVF served about 10,000 more Veterans (70,596 SSVF Veterans were served in FY 2019 vs. 81,026 SSVF Veterans were served in FY 2021). In FY 2020, it became critical for SSVF to enroll vulnerable, unsheltered Veterans and provide first for their safety through EHA and then rapid re-housing with a flexible length of participation and to stabilize at-risk Veterans in housing crises. That led to 78,440 Veterans being enrolled in FY 2020. As SSVF continued to respond to the COVID-19 pandemic, 81,026 Veterans were served by SSVF in FY 2021. Some of that increase was driven by increased average lengths of participation. Additional information on changes in SSVF’s length of participation can be found in Section 5.2 of this report.

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In FY 2021, grantees provided rapid re-housing services to 54,345 homeless Veteran households comprising 69,038 persons through their partnerships with emergency shelters, transitional housing programs, street outreach, and other homeless assistance providers, as well as VA homeless services such as the Grant and Per Diem (GPD) and Health Care for Homeless Veterans (HCHV) programs. Grantees provided homelessness prevention assistance to 29,576 Veteran households consisting of 48,758 persons. A small number of households (2,887) received both types of assistance.

Over the last ten years, cumulatively, SSVF grantees assisted 741,166 households, consisting of 1,137,626 people. Sixty-nine (69) percent of SSVF households received rapid re-housing assistance over the ten years, whereas 33 percent received homelessness prevention assistance. One (1) percent of households received both assistance types.¹⁹

At the household level, SSVF has seen a modest shift in its resources from rapid re-housing to homelessness prevention over the last year. FY 2021 saw 67 percent of households receive rapid re-housing assistance, which is slightly less than the SSVF program's cumulative percentage of households receive rapid re-housing assistance.

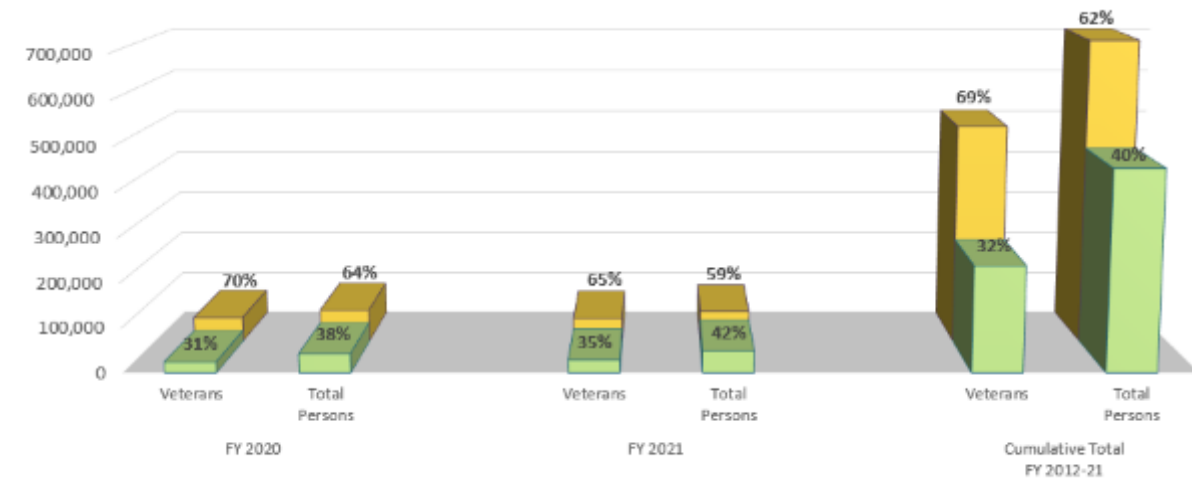
About one in three (36 percent) FY 2021 SSVF households received homelessness prevention assistance, an increase from 32 percent in FY 2020. Four (4) percent of FY 2021 households received both rapid re-housing and homelessness prevention assistance, which was similar to previous SSVF program years.

Households served with homelessness prevention assistance were more likely to have children and a higher proportion of single Veterans were assisted with rapid re-housing; therefore, a lower percentage of persons received rapid re-housing compared with total households. The average Veteran household size has remained consistent across all ten program years, ranging between 1.5 and 1.7 persons per household.

¹⁹ The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household. SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation when it is the result of domestic violence.

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Exhibit 1.3: SSVF Veterans and Total Persons Served, by Housing Assistance Type (FYs 2012-2021)



	Veterans	Total Persons	Veterans	Total Persons	Veterans	Total Persons
Homelessness Prevention	24,298	43,064	28,619	48,758	238,965	452,341
Rapid Re-housing	55,018	72,873	52,973	69,038	502,207	699,786
Unduplicated Total	78,331	114,475	80,924	116,896	732,042	1,137,626

NOTES: Within each program year, rapid re-housing and homelessness prevention data are unduplicated. Only a small percentage of persons, Veterans, and households received both types of housing assistance. Across program years, it is not currently possible to un-duplicate service data.

SOURCE: SSVF-HMIS Repository data.

SSVF has played a growing role in preventing and ending Veteran homelessness. As shown in Exhibit 1.3, more than 1.1 million persons (1,137,626 persons) in Veteran households, including 732,042 Veterans, were cumulatively served by SSVF since its inception ten years ago.

Of the Veterans served in FY 2021, 64 percent (or 52,973) were experiencing literal homelessness at entry into SSVF and received rapid re-housing assistance; the remaining 35 percent of Veterans (or 28,619 Veterans) were imminently at-risk of experiencing literal homelessness at program entry and received homelessness prevention assistance. Just one (1) percent of Veterans (or 668 Veterans) received both rapid re-housing and homelessness prevention assistance during FY 2021.

Section 2:

COVID-19 Response

This section provides an overview of SSVF's COVID-19 response since SSVF's first memorandum addressing the crisis was issued on March 13, 2020, through the end of FY 2021 (September 30, 2021). In that memorandum, SSVF directed grantees to place vulnerable homeless Veterans in hotel and motels to reduce risks of transmission associated with temporary congregate living environments, encampments, and other unsheltered conditions. This section includes demographic and health data for Veterans served by SSVF that highlight their vulnerability to serious illness and death from COVID-19; programmatic measures to address Veteran's shelter and housing needs during the pandemic; integration of a diversity, equity, and inclusion focus into pandemic response efforts; and HUD-VASH coordination.



SECTION 2: COVID-19 Response

2.1 The Need for Ongoing SSVF COVID-19 Support

For Veterans experiencing homelessness or at risk of literal homelessness, the COVID-19 pandemic has exacerbated their health and safety risks, while complicating their path towards housing stability. Communities had to quickly respond to the public health crisis by rethinking their prioritization and care coordination systems for individuals who were unhoused, including decompressing congregate shelter sites, obtaining new non-congregate shelter and housing locations, prioritizing those with the highest COVID-19 health vulnerability for shelter and housing, implementing new and expanded grants, and adding new flexibilities to homeless program implementation, service types, service modalities, and compliance.

Throughout FY 2021, SSVF's COVID-19-related programmatic protections and flexibilities, which were initially enacted in FY 2020, largely remained in place. SSVF continued to prioritize the health and safety of Veteran households. This was necessary as new COVID-19 variants were discovered and, at times during the year, communities experienced multiple surges of COVID-19.

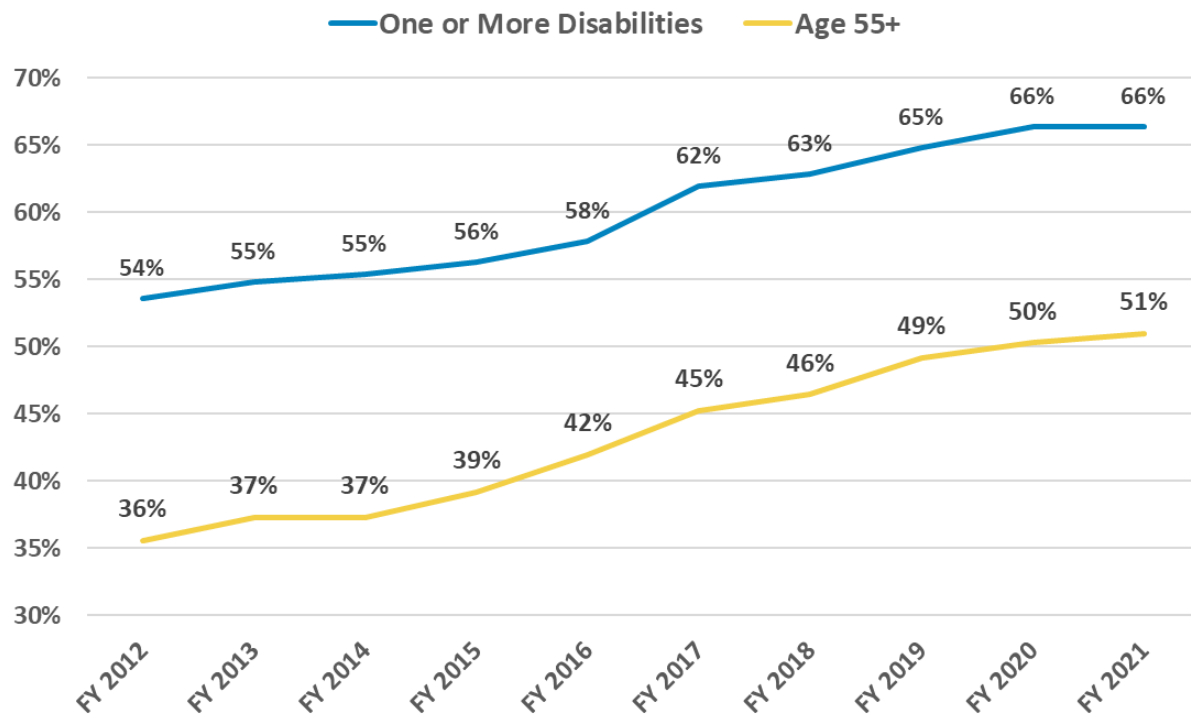
The ongoing challenges created by COVID-19, resulted in the length of participation in the program for the average Veteran household being significantly longer than the year before the pandemic (+60 days over FY 2019 to 182 average days in FY 2021). The need for additional services and financial assistance due to the unpredictable nature of the pandemic, as well as the flexibilities of the Stafford Act Emergency Declaration (which allowed Veterans to be served in SSVF for an extended period of time), likely resulted in longer lengths of participation for Veterans than prior years.

2.2 Veteran Demographic and Health Data

Nationally, Veterans experiencing homelessness (in shelters and SSVF rapid re-housing) have been growing proportionately older with more reported disabilities. Since the inception of SSVF, each year shows that Veterans entering the program are older and have higher prevalence rates of disabling conditions (Exhibit 2.1) than the year before. Of particular note is the spike in reported disabling conditions among SSVF Veteran exiters during the COVID-19 health emergency in major depressive disorders in FY 2020, and its subsequent decline in reported disabling conditions back to near pre-pandemic levels in FY 2021. As many Veterans have co-occurring health and disabling conditions, they have been particularly vulnerable to serious illness or death from COVID-19, according to CDC information.

SECTION 2: COVID-19 Response

Exhibit 2.1: SSVF Veterans Age and Disability Trends, FY 2012-2021



SOURCE: SSVF-HMIS Repository data.

Between SSVF's inception in FY 2012 and this reporting year, FY 2021, the percentage of Veterans above the age of 55 served by SSVF rose from 36 percent to 51 percent. The rise in older Veterans served in the program mirrors the growing population of older persons experiencing sheltered homelessness.²⁰

Similarly, the percentage of Veterans with one or more disabling conditions went from 54 percent in FY 2012 to 66 percent by FY 2021. The rise in Veterans with disabling conditions served by SSVF could be due to a number of factors, including a rising prevalence of all adults experiencing homelessness with one or more disabling conditions (39 percent in FY 2012 vs. 50 percent in FY 2020).²¹ SSVF grantees also continue to improve coordination efforts with HUD-VASH, which usually enrolls Veterans with disabling conditions, leading to more Veterans being dually enrolled in SSVF and HUD-VASH and increasing the number of Veterans with disabling conditions being served in SSVF over the last four years.

²⁰ HUD's AHAR 2020, Part 2.

²¹ HUD's AHAR 2020, Part 2.

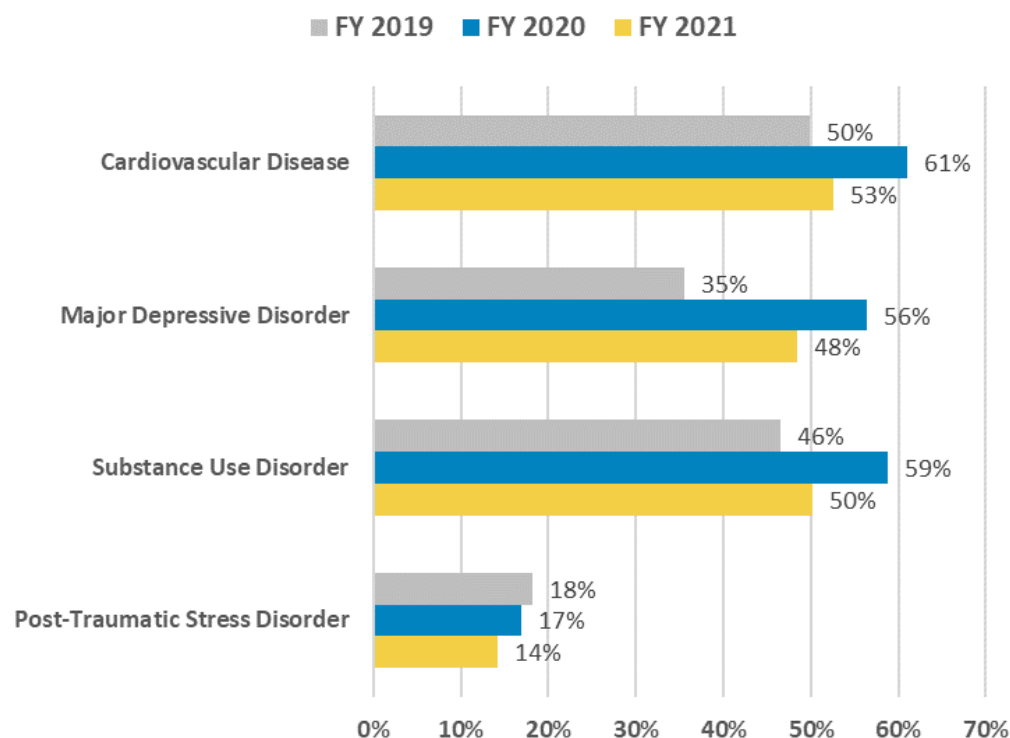
SECTION 2: COVID-19 Response

As the percentage of SSVF Veterans aged 55 or older have consistently outpaced increases in the prevalence of SSVF Veterans served with one or more disabling conditions, the two concurrent increases do not appear to be directly linked.

2.2.1 Changes in Veterans Served During COVID-19

In addition to the ongoing factors leading to increases in Veterans with disabling conditions being served noted above, part of SSVF's COVID-19 response was for grantees to outreach to Veterans with disabling conditions and high-risk of vulnerability to the virus. Those factors possibly contributed to a spike in SSVF Veterans served with the three previously mentioned cardiovascular disease, substance use disorder, and major depressive disorders in FY 2020, with a subsequent decrease in FY 2021 as pandemic conditions generally improved. Noticeably, there also was a slight decrease in the number of Veterans served with Post-Traumatic Stress Disorder (PTSD), decreasing from 18 percent in FY 2019 to 14 percent by FY 2021.

Exhibit 2.2: SSVF Veterans' Major Health Issues, FY 2019-2021



SOURCE: Veterans Health Administration Support Service Center.

As shown in the above exhibit, SSVF saw sizable increases in the numbers of Veterans served with these particular health disorders during the first year of the pandemic (FY 2020). However, the prevalence of those health disorders decreased during the second year of the pandemic (FY 2021). SSVF grantees saw a 12 percent jump in the number of Veterans served with

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cardiovascular disease, from 49 percent in FY 2019 to 61 percent in FY 2020, and a subsequent decrease to 53 percent in FY 2021; similarly, there was 13 percent increase in the number of Veterans served with Substance Use Disorder, from 46 percent in FY 2019 to 59 percent in FY 2020, but a decrease to 50 percent in FY 2021. The most significant initial rise was found in the number of Veterans served with Major Depressive Disorder, which spiked over 20 percent from 35 percent in FY 2019 to 56 percent in FY 2020, declining somewhat to 48 percent by FY 2021. While it is not definitive that the initial increase was directly due to the COVID-19 pandemic, existing mental health challenges were exacerbated by the pandemic for all populations.

In FY 2021, there was a decrease in the prevalence of these disorders; that decrease occurred as SSVF grantees' implementation of its health care navigation (HCN) service and enhanced HUD-VASH collaboration was more widely enacted by its grantees, and as broader public health and economic conditions improved throughout the year.

2.3 SSVF Measures to Address the COVID-19 Crisis for Veterans

As the COVID-19 pandemic spread throughout the United States in early 2020, SSVF grantees continued to work with Veterans to obtain and secure permanent housing, despite worsening community health conditions. The issuance of the Stafford Act Emergency Declaration allowed SSVF to waive many of the program's regulatory limits to better serve Veterans during the public health crisis. The Stafford Act Emergency Declaration, along with program-specific policy changes, enabled the following adaptations:

- 45-day limit for families in emergency housing suspended
- 72-hour limit for individuals in emergency housing suspended
- Limits on the number of months for rental and utility assistance suspended
- Stage 2 Homeless Prevention Screener no longer required
- 40 percent maximum spending on homelessness prevention waived
- 50 percent maximum budget for Temporary Financial Assistance (TFA) removed
- No limit on food assistance

Other allowed flexibilities included:

- Alternate forms of consent, including verbal, became acceptable
- Self-certifications became allowable when necessary
- Eviction moratoriums did not preclude Homelessness Prevention assistance
- Disposable cell phones for Veterans (when Lifeline phones are unavailable) became allowable
- Stimulus and pandemic unemployment payments did not count towards SSVF Area Median Income (AMI) eligibility limits

SECTION 2: COVID-19 Response

One of the most significant flexibilities provided to SSVF grantees under the Stafford Act Emergency Declaration was the elimination of limits on emergency housing through SSVF. SSVF grantees were encouraged to quickly begin placing Veterans in non-congregate emergency shelter, often in hotels and motels when no other safe options were available, to reduce possible risk of COVID-19 exposure.

In FY 2021, SSVF grantees utilized \$443 million of Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (CARES 2.0), the Coronavirus Aid, Relief, and the Economic Security Act (CARES 3.0) funds. Those funds in addition to regular SSVF grant funds received in FY 2021 enabled grantees to implement and sustain these flexibilities, including emergency housing assistance (EHA).

The ramp-up of EHA was necessary to maintain the safety of Veterans experiencing homelessness, especially those residing in unsheltered or temporary communal shelter situations with higher risks of exposure to COVID-19. Unsheltered Veterans and asymptomatic Veterans in need of quarantine were initially given priority for EHA assistance if they did not have safe alternative shelter options; high-risk Veterans (Veterans over the age of 60 or Veterans with significant underlying health conditions) who would otherwise be placed in congregate living environments were also given priority for EHA assistance.

SSVF grantees actively engaged with VA Medical Centers (VAMCs) and other community-based health care providers to provide appropriate medical supports for those receiving EHA. Protocols were developed to ensure smooth coordination between SSVF grantees and other Veteran serving agencies including VAMCs, GPD programs, and others.

During FY 2021, SSVF continued its EHA efforts, providing temporary housing through local hotels and motels. While SSVF grantees have had the ability to place Veterans in hotels on a very limited basis in the past, it was used primarily to ensure that families could be kept together as VA temporary housing programs generally only serve single Veterans and many shelters do not serve mixed genders or children. This pivot to significant hotel usage with EHA was a considerable change for most SSVF grantees. Many found creative solutions to novel issues associated with providing emergency housing to large numbers of Veterans. Some of these solutions included, partnering with a local museum for art supplies for activities, coordinating with local public health departments and VA medical center staff for health care at the hotels, and collaborating with local restaurants, food banks, and food delivery services for motel meal deliveries. This creative problem solving by SSVF grantees helped to limit the need for Veterans to leave the hotel/motel, reducing their risk of exposure to COVID-19 and minimizing community spread.

As the pandemic continued through FY 2021, SSVF grantees worked to move those Veterans who had been housed in EHA during the spring and summer of 2020 out of EHA-funded hotel/motel rooms and into permanent housing. Many Veterans were hesitant to leave the hotel/motel rooms, citing the continuing pandemic, prolonged approval processes for other

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programs, and other reasons for not moving on. SSVF case managers worked one-on-one with Veterans to find them appropriate housing, either through SSVF or referrals to other programs such as HUD-VASH.

Although a significant percentage of SSVF funds and energies were directed to supporting Veterans in EHA, Veterans were also provided supportive services, Temporary Financial Assistance (TFA), and General Housing Stability funds to either find or maintain housing and to help provide for activities that support housing stability. The Stafford Act Emergency Declaration and other SSVF policy flexibilities described above allowed grantees to spend a greater portion of their budget on TFA and to spend more TFA on homelessness prevention activities. SSVF grantees also used these flexibilities to continue rental assistance for Veterans in rapid re-housing who might have otherwise been exited from the program because they had received the maximum amount of rental assistance, and to meet the ongoing needs of Veterans, who were being sheltered in hotels or housed with more limited means of gaining employment and paying for household needs such as cleaning supplies or diapers.

As mentioned above, Stafford Act Emergency Declaration and policy flexibilities also allowed SSVF grantees to directly address homelessness prevention, even during the enactment of local, State, and Federal eviction moratoriums. As the extent of the pandemic became evident, many states and localities implemented eviction moratoriums, culminating in the Federal eviction moratorium issued by the Centers for Disease Control in September 2020. These eviction moratoriums had varying standards, but most paused all evictions for non-payment of rent. SSVF grantees worked diligently with local officials, eviction courts, and local organizations to outreach to Veterans who might meet SSVF eligibility and required help paying rental arrears, even if they had previously met their TFA limits. Many SSVF grantees contacted previous SSVF participants to see if they qualified for SSVF assistance again. SSVF also modified its documentation requirements to waive the requirement of an official eviction notice and instead require a “rent past due” notice. With the budget limit on homelessness prevention funding lifted, SSVF grantees were given the flexibility to meet the housing crisis head on and help Veterans stay in their homes.

In addition to the rapid expansion of emergency housing and an increased focus on securing and maintaining housing for Veterans, some communities and grantees increased their focus on diverting people from homelessness through approaches like Rapid Resolution, reducing both the demand for shelter and the number of people experiencing sheltered and unsheltered homelessness. Grantees were able to leverage family and social supports to keep Veterans from experiencing immediate literal homelessness to mitigate against the threat of COVID-19 for this highly vulnerable population. The skill sets necessary to carry out effective Rapid Resolution interventions have also been critical to engaging Veterans in non-congregate shelter throughout the pandemic. In preparation for the expiration of eviction moratoriums, when it is expected that risk of households losing their housing will increase, Rapid Resolution should be an essential upcoming strategy for preventing homelessness to preserve deeper financial assistance packages

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for those Veterans with no alternative pathways out of experiencing homelessness to permanent housing.

To ensure Veterans had access to needed health care – while receiving EHA, temporary or more permanent housing arrangements – SSVF began the implementation of its health care navigation service. This service expanded nationwide in FY 2021. The Health Care Navigator (HCN) role was developed and funded through the CARES Act. It provided Veterans with the necessary supports for accessing care particularly at the VA Medical Centers, decreasing barriers to health care, and health-related coordination (i.e., access to COVID-19 vaccinations), and education.

Beginning in January 2021, Emergency Use Authorizations (EUAs) meant COVID-19 vaccines began to be available to the general population. Access to vaccines reduced some of the grave threats posed by COVID-19, and the HCNs were positioned to be the critical link between VAMCs for care coordination for COVID-19 vaccines and with local public health departments and Continuums of Care for Veterans enrolled in SSVF.

SSVF TA developed a COVID-19 Vaccine Tracker and worked with the SSVF Program Office to introduce it to grantees; the tracker gave grantees the ability to track needed information on vaccine offers and completion to raise enrolled Veterans' protection against the COVID-19 virus. To decrease vaccine hesitancy, promising practices and examples were shared by SSVF HCNs during Community of Practice calls. Additionally, SSVF made TA support available for HCN implementation on an ongoing basis, including for Veteran engagement on vaccination issues and other health care needs.

2.3.1 Integration of Diversity, Equity, and Inclusion

The COVID-19 pandemic impacted all Veterans. For Veterans who identified as Black, Indigenous or People of Color (BIPOC), the pandemic worsened already existing systemic disparities. To ensure that existing disparities did not continue to grow, and were in fact actively addressed, SSVF grantees were asked to review program practices and outcomes with the goal of identifying and addressing disparities by race/ethnicity, gender, ability, family size, and other intersectional characteristics. Grantees were assisted in this analysis through the development and distribution of an SSVF Equity Report of the past year's data disaggregated by race/ethnicity to assist grantees with ensuring that the existing systemic and structural disparities, which have already been exacerbated by COVID-19, were appropriately understood, monitored, and addressed so that all Veterans could be served equitably.

To support SSVF grantees in this important work, SSVF presented sessions on equity, providing information on structural and systemic racism and its direct relationship to the disparities seen in housing and homelessness. SSVF is committed to ensuring that equity was a consideration in all program discussions, including case coordination, outcomes, health care, or housing options.

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2.3.2 HUD-VASH Coordination

In an effort to improve the experience of Veterans seeking assistance and housing outcomes, SSVF spent much of FY 2021 focused on continued improvements to coordination between SSVF grantees and the HUD-VASH program. EHA assistance in hotels and motels was prioritized for Veterans who were at risk of severe illness or death from COVID, SSVF grantees and VA Medical Centers identified and referred Veterans with these characteristics to SSVF for EHA, many of those Veterans were enrolled in HUD-VASH at the time of referral to EHA or soon after entering a hotel. SSVF was able to temporarily shelter these Veterans while they worked with HUD-VASH case management to determine eligibility and wait for an available voucher and unit, especially in cases where a public housing authority suspended operations due to COVID. Expectations for this increased level of SSVF and HUD-VASH collaboration was described in VA's July 16, 2020, memorandum titled, "Protocol for Homeless Veterans At-Risk of COVID-19 Placed in Hotels and Motels by the Supportive Services for Veteran Families Program."

To support increased coordination between SSVF and HUD-VASH staff, SSVF TA staff facilitated a four-session Community of Practice (CoP) with SSVF grantee and HUD-VASH staff from the same VA Medical Center catchment areas discussing how to improve coordination and the experience of Veterans co-enrolled in both programs, while breaking down barriers to quickly housing and providing services to all Veterans equitably. In communities with large numbers of Veterans in EHA, SSVF RCs and TA facilitated coordination calls between the SSVF grantee and HUD-VASH staff aimed at clarifying supports for Veterans while they were in hotels/motels and roles in the re-housing process.

SSVF also socialized existing guidance about coordination, e.g., Routine Use 30, while creating COVID-19 specific recommended practice documents. In January 2021, SSVF and HUD-VASH Program Offices provided grantees and local sites with the *SSVF and HUD-VASH Collaboration Tool*; the tool provided guidance on SSVF and HUD-VASH's shared responsibilities, as well as distinct roles and responsibilities for each program. The guidance in the tool was meant to aid local SSVF and HUD-VASH staff in establishing their own processes and procedures to more effectively and efficiently serve co-enrolled Veterans, thus expediting their placement into permanent housing.

2.4 SSVF COVID-19 Response Results

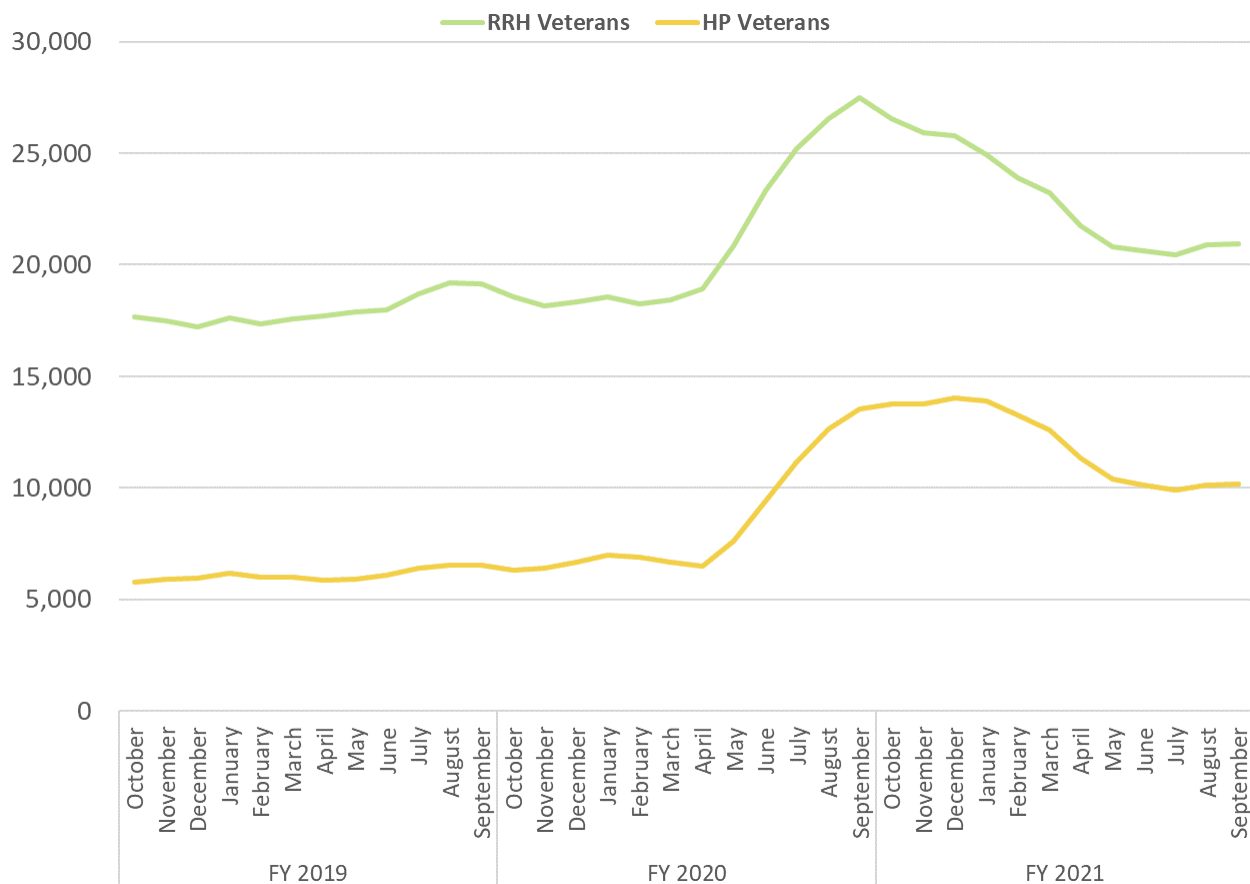
The Stafford Act Emergency Declaration allowed SSVF grantees to provide homelessness prevention services to more Veterans than in any other fiscal year since FY 2016 (during VA's unprecedented surge in SSVF resources to end Veteran homelessness in Priority 1 communities). The flexibilities around rental assistance allowed SSVF grantees to continue serving Veterans who would have otherwise maxed out of their TFA rental assistance time limit. This led to increased numbers of Veterans being served and Veterans being served for longer periods of time.

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2.4.1 SSVF Veterans served per Month

The increase in the number of Veterans served led to higher caseloads for case managers, although many Veterans who continued with rental assistance past the usual program time limits only required light-touch case management. Removing the limit on how many months of rental assistance a Veteran could receive helped Veterans housed through SSVF remain stable in their housing despite a difficult employment market and continued health concerns due to the COVID-19 pandemic.

Exhibit 2.3: Changes in SSVF Veterans Served Monthly due to COVID-19, FY 2019-2021



SOURCE: SSVF-HMIS Repository data.

As shown in Exhibit 2.3, the number of SSVF Veterans served per month spiked in FY 2020 starting in May 2020, reflecting the rapid growth of the COVID-19 pandemic. Before the pandemic, from October 2019 through April 2020, national RRH Veterans served per month ranged between 18,171 and 18,912, averaging nearly 1,000 (938) Veterans more per month than FY 2019. That was likely due to a higher initial funding estimate for FY 2020 grantees of \$400 million, compared to \$326 million in FY 2019. After SSVF's COVID-19 response began, RRH

SECTION 2: COVID-19 Response

Veterans served per month increased significantly from May through September 2020 about 6,000 (6,110) Veterans more than the FY 2019 per month average. The number of RRH Veterans served per month spiked in September 2020, the last month of FY 2020. That month, 27,507 RRH Veterans were being served by SSVF, a 44 percent increase in RRH Veterans served per month compared to September 2019.

Starting in October 2020 (the beginning of FY 2021), RRH Veterans served began to decrease by about 800 Veterans per month until May 2021. This largely coincided with the successful SSVF and VASH Program Office effort to increase coordination between SSVF grantees and HUD-VASH staff and the Medical Centers re-house Veteran households from SSVF EHA funded hotel/motel rooms to permanent housing. Between May and September 2021, the number of RRH Veterans served per month stabilized around 20,700, ranging between 20,451 and 20,941 RRH Veterans served each month. During the last five months of FY 2021 (May to September 2021), the number of RRH Veterans served per month stabilized at about 2,800 Veterans higher than the FY 2019 average.

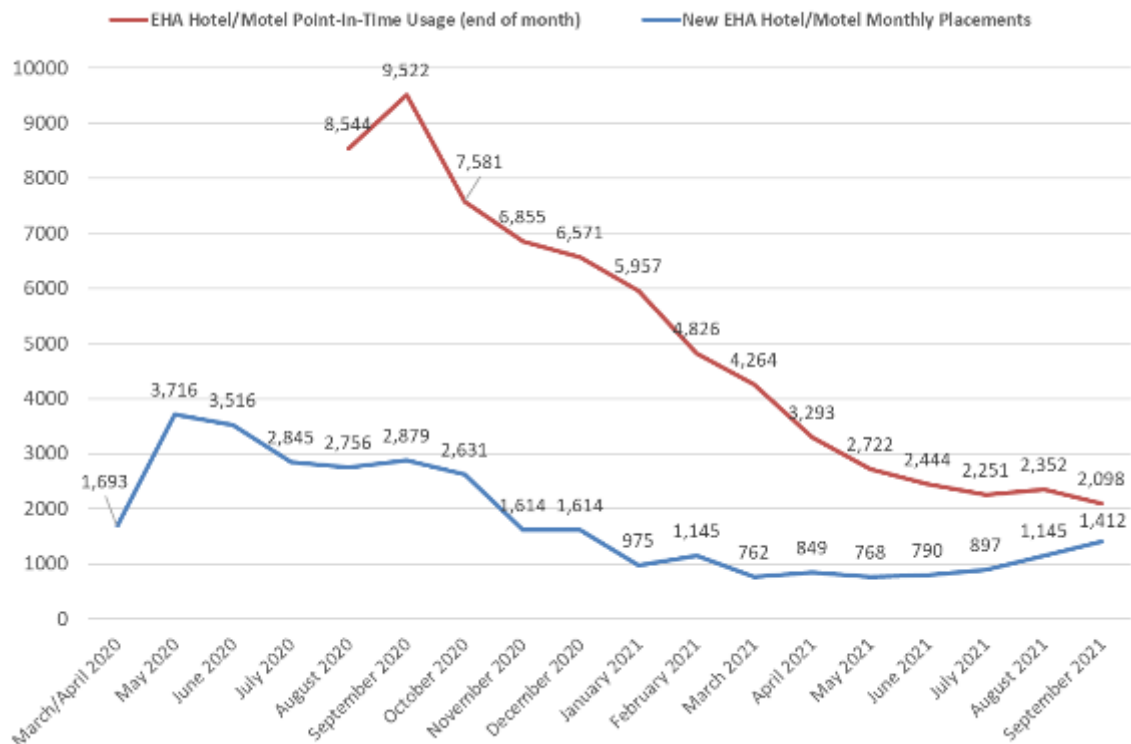
Similarly, SSVF HP Veterans served per month increased substantially starting in May 2020. Between October 2019 and April 2020, HP Veterans served per month ranged between 6,326 and 6,999, averaging nearly 700 (684) Veterans more per month than FY 2019. That was likely due to a higher initial funding amount for FY 2020 grantees, compared to FY 2019 grantees. In the subsequent period (May 2020 through September 2020), HP Veterans served per month rose an average of 4,577 above FY 2019 levels for that same period. By September 2020, 13,544 HP Veterans were being actively served by SSVF – an increase of 108 percent in comparison to September 2019.

HP Veterans served per month peaked in December 2020 with 14,049 Veterans served. HP Veterans served began to decline in January 2021, and three months after RRH Veterans served peaked. Between May and September 2021, HP Veterans served per month stabilized around 10,100, ranging between 9,890 and 10,389 served each month. During the last five months of FY 2021, the stabilized HP Veterans served per month was about 4,000 Veterans higher than during FY 2019.

The increases in the number of Veterans served per month largely stemmed from the longer lengths of participation consistent with the broader needs SSVF were addressing, including emergency housing in hotels and motels to protect the health and safety of Veterans and their family members and barriers caused by COVID, barriers to accessing apartments when landlords would not meet in-person, disruptions to public transportation, and public housing authorities either shut down or curtailed operations. For HP and RRH, Veterans served per month increases stemmed from increases in Veterans entering SSVF between May 2020 through December 2020, and increased lengths of participation.

SECTION 2: COVID-19 Response

Exhibit 2.4: SSVF Emergency Housing Assistance Household Placements, FYs 2020-2021²²



Note 1: EHA Hotel/Motel Point-In-Time Usage (end of month) data collection began in August 2020.

Note 2: SSVF changed EHA data collection systems in November 2020. As a result, new EHA hotel/motel placements in November and December 2020 were combined. In this exhibit, they were split evenly between the two months. Similarly, EHA point-in-time data sources changed in October 2020 from grantee surveys to HMIS data collection.

SOURCES: 1) SSVF-Program Office survey data. 2) SSVF-HMIS Repository data.

Exhibit 2.4 illustrates SSVF's quick ramp up in Veteran hotel and motel placements. By the end of April 2020, 1,693 Veteran households had been protectively placed in hotels or motels. During May and June 2020, more than 3,500 Veteran households were being placed in hotels or motels each month. During each remaining month of FY 2020, July through September 2020, about 2,800 Veteran households were placed into hotels or motels with EHA.

EHA usage dropped as COVID-19 risks abated, SSVF permanent housing placements increased, and the service capacity of GPD and HCHV programs increased. During FY 2021, Veteran households placed into hotels or motels with EHA declined to around 1,200 per month. Those decreases in new hotel and motel EHA placements were the result of SSVF and TA efforts to

²² This EHA hotel/motel placement data was tracked through September 28, 2020 – two days short of the fiscal year's end.

SECTION 2: COVID-19 Response

assist grantees in areas with high EHA usage to transition Veteran households to permanent housing, particularly through increased SSVF and HUD-VASH coordination, Stafford Act Emergency Declaration program flexibilities, and through increased local collaboration, using a trauma-informed case management approach.

Overall, between March 2020 and September 2021, an estimated 32,007 Veterans had stays in hotels or motels funded by EHA, including 18,245 Veteran stays in hotels or motels funded by EHA during FY 2021. Over that entire period, 15,708 Veterans had stays in hotels or motels funded by EHA exited to permanent housing destinations.

The increased use of EHA hotel and motel placements from mid-FY 2020 through the end of FY 2021 are reflected in major increases in EHA TFA usage compared to the pre-pandemic period. EHA TFA expenditures during FY 2021 were 14 times higher than in FY 2019. On a percentage basis, EHA went from 3 percent of TFA spending in FY 2019 to 32 percent in FY 2020 to 43 percent in FY 2021. While expanded EHA started as a COVID-19 response measure, it is now a permanent feature of the SSVF program. SSVF grantee experience, and research on the wider implementation of hotels/motels as emergency shelter during COVID-19, found that some Veterans experiencing unsheltered homelessness were unwilling to enter congregate shelters and were easier to engage while staying in hotel/motel shelters.

2.5 Next Steps for SSVF's COVID-19 Response Effort

It is impossible to overstate the impact of COVID-19 on SSVF programs and Veterans. While the core principles and mission of the program remained the same, the risks presented by COVID-19 meant the approach to serving Veterans was much more comprehensive, with significant additional financial resources available to support and sustain Veterans throughout the fiscal year. After receiving significant programmatic flexibilities, SSVF grantees engaged in extensive new efforts in FY 2020 and FY 2021 to ensure that Veterans were safely sheltered or housed with the appropriate health care connections during a global pandemic. SSVF grantees went above and beyond to creatively and tirelessly shelter and house Veterans, saving lives.

In FY 2022 and FY 2023, SSVF will develop and deploy an updated SSVF Equity Report that will further be understanding, monitoring, and addressing disparities by race and ethnicity. With the pandemic continuing, SSVF will continue to emphasize to grantees the importance of equitably serving all vulnerable Veterans in housing crises.

After planning work done in FY 2022, SSVF grantees serving Los Angeles County and the Greater Los Angeles (GLA) HUD-VASH team will finalize a partnership agreement to expedite the utilization and lease up rates for Veterans experiencing literal homelessness in FY 2023. The upcoming GLA partnership agreement will expand on SSVF, and HUD-VASH collaboration expectations described in the VA's "Protocol for Homeless Veterans At-Risk of COVID-19 Placed in Hotels and Motels by the Supportive Services for Veteran Families Program" memorandum.

SECTION 2: COVID-19 Response

As part of SSVF's ongoing COVID-19 response, SSVF and TA will continue to support grantee implementation of HCN and the inclusion in SSVF services and practices, and enhanced HUD-VASH coordination. SSVF will continue to provide extensive training and capacity building through webinars and communities of practice, as well as regional calls and one-on-one technical assistance. Furthermore, TA providers will work with grantees to ensure that program efforts, e.g., Permanent Housing surges, are led with equity and that SSVF grantees have technical assistance support as they embark on equity, diversity, and inclusion (EDI) reviews of their programs. Lastly, SSVF staff will be checking in regularly with SSVF grantees to provide the supports needed and to share examples of emerging best practices as the pandemic persists.

Section 3:

SSVF Funding Overview

This section provides an overview of SSVF grant awards, expenditures, and assistance provided by grantees to serve Veterans and their families. The data provided in this section are from aggregated FY 2021 annual drawdown reports, end of year closeout reports, HMIS Repository data and financial expenditure reports submitted by grantees to VA.

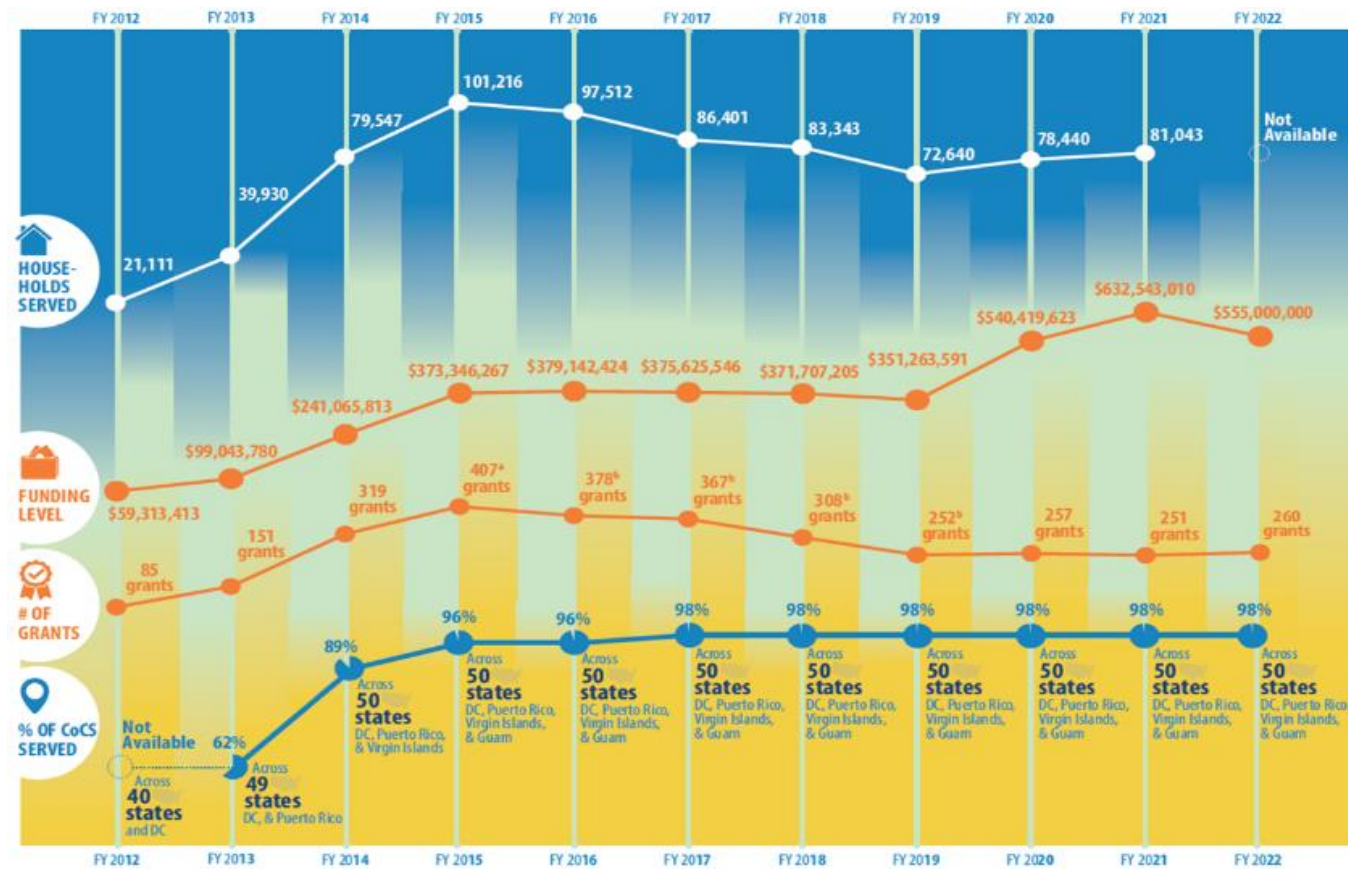


Section 3: SSVF Funding Overview

3.1 SSVF Grant Funding

This subsection of the report focuses on an overview of SSVF grant funding, from the program's inception in FY 2012 through FY 2022 (funds awarded through the FY 2021 Notice of Funding Opportunity).

Exhibit 3.1: Growth in SSVF Geographic Coverage by Continuum of Care (FYs 2012-2022)²³



²³ Grantees received extensions for some of their grant awards.

Section 3: SSVF Funding Overview

Note a: Funding for FY 2015 grantees was released in two phases. The first set of grantees began serving Veteran households on October 1, 2014, and consisted of 378 grantees, including surge funding for 56 of 78 high-priority communities. The second set of FY 2015 grantees started serving clients on April 1, 2015. That set included surge funding for 24 grantees in 15 high-priority communities.

Note b: The reduction in SSVF grantees from FY 2015 through FY 2019 was primarily a result of contract consolidations. They did not result in scope or scale reductions of SSVF assistance to Veterans.

SOURCE: U.S. Department of Veterans Affairs.

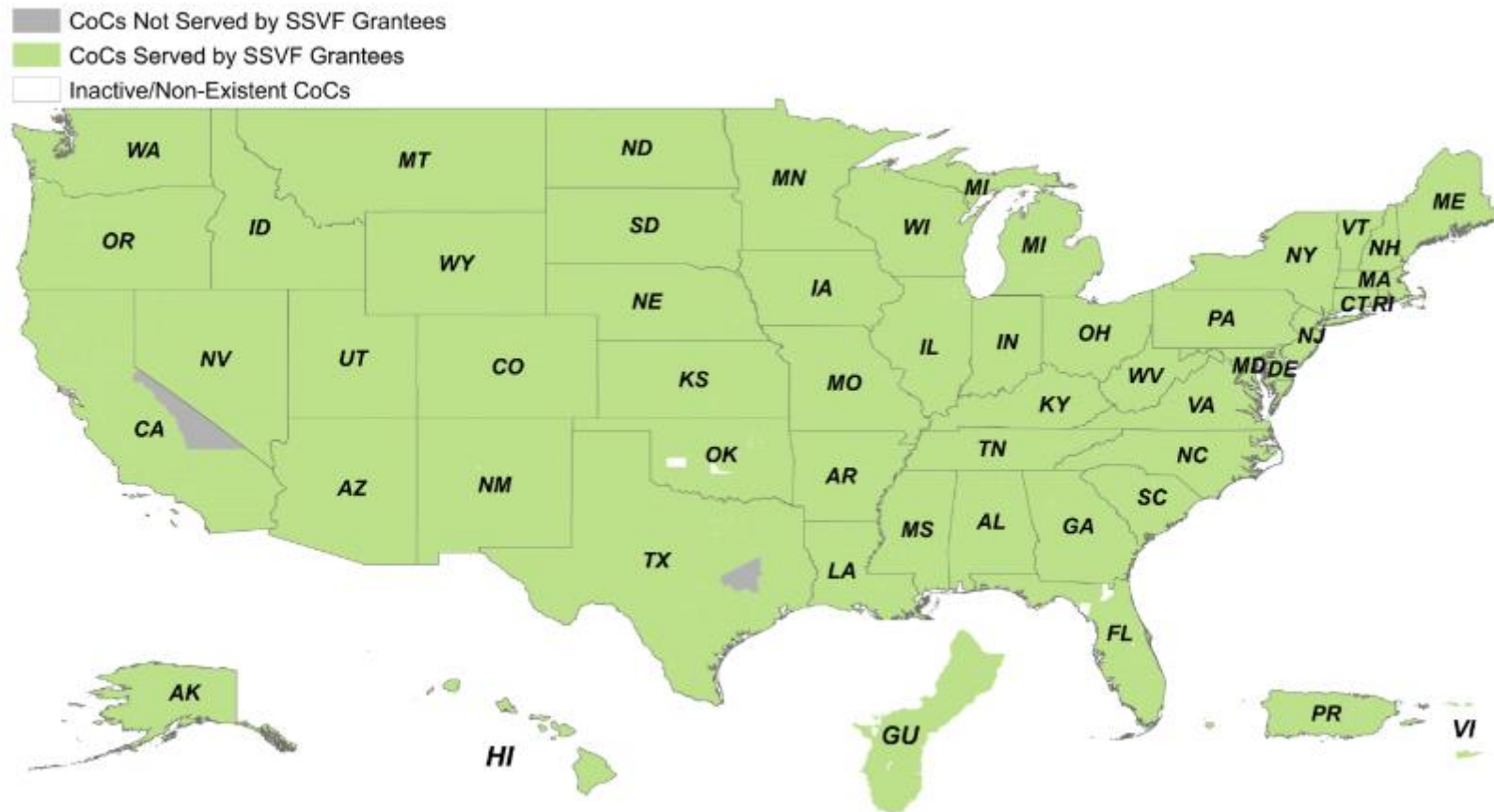
Exhibit 3.1 shows trends in SSVF’s funding expenditures, number of grants, households served, and geographic coverage.

In FY 2012, there were SSVF programs operating in 40 states and the District of Columbia. Grantee coverage expanded to include all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam in FY 2015. That year also saw the launch of SSVF’s 67 high-priority (“Priority 1”) communities initiative, which “surged” efforts to end Veteran homelessness in communities with high concentrations of Veteran homelessness.

Over the last ten years, from FY 2012 through FY 2021, SSVF funding expenditures increased significantly to meet the needs of Veterans literal risk of homelessness and experiencing homelessness. SSVF served 21,111 households with \$59 million in expenditures during SSVF’s first year, FY 2012. By FY 2014, SSVF’s service and expenditures were about four times higher, with 79,547 households served using \$241 million in expenditures. Between FY 2015 and FY 2018, VA provided supplemental three-year funding awards for 67 high-priority (“Priority 1”) communities with high concentrations of Veterans experiencing homelessness, with most awards concluding in FY 2017 and the remainder ending in FY 2018. That surge effort saw grantee expenditures range from \$372 million to \$379 million each year, with households served rising to a range of 83,343 to 101,216 households per year. FY 2019 saw a post-surge decrease to 72,640 households served per year with grantee expenditures of \$351 million. In FY 2020 and FY 2021, SSVF was at the frontline of the national response to COVID-19 pandemic for Veterans in need. By the end of FY 2021, SSVF served 81,043 households utilizing \$633 million in expenditures.

Section 3: SSVF Funding Overview

Exhibit 3.2: Geographic Coverage of SSVF Grantees (FY 2021)



SOURCE: U.S. Department of Veterans Affairs.

Exhibit 3.2 is an SSVF geographic coverage map that visually illustrates the wide national reach of SSVF during FY 2021.

SECTION 3: SSVF Funding Overview

Since FY 2017, ninety-eight (98) percent of CoCs were served by at least one SSVF grantee. That coverage, provided through SSVF's 251 grantees in FY 2021, encompassed all 50 U.S. states, Washington D.C., Puerto Rico, the U.S. Virgin Islands, and Guam. SSVF's sustained commitment to providing Veterans nation-wide access to its services was vital during the COVID-19 pandemic. It enabled SSVF grantees to be first responders to Veterans experiencing housing crises that were caused or exacerbated by the pandemic.

3.2 Financial Expenditures

SSVF financial expenditures rose to \$633 million in FY 2021, a \$92 million (or a 17 percent) increase over the prior year. Those grants funded 251 grantees that served 81,043 Veteran households.

The chief driver of SSVF expenditure increases in FY 2021 was the program's response to the COVID-19 pandemic. As detailed in [Section 2 of this report \("COVID-19 Response"\)](#), SSVF grantees utilized \$443 million of CARES, CARES 2.0 and CARES 3.0 funds. Those funds, in addition to regular SSVF grant funds received in FY 2021, enabled grantees to implement and sustain the flexibilities put in place to respond to COVID-19, including emergency housing assistance (EHA).

During FY 2021, the SSVF program continued to meet the needs of Veterans experiencing or at-risk of homelessness during the COVID-19 pandemic. By the end of the FY 2021, SSVF grantees expended \$233 million (or 53 percent) more than their initial budget estimate of \$400 million. Significant increases in the numbers of Veterans served, extended lengths of participation time among stayers and exiters, and the removal of some of the limits on TFA usage (including EHA) were the main financial components of SSVF grantee COVID-19 response costs this year. Remaining CARES Act funds will continue to be utilized by grantees in FY 2022 to support and house Veterans and their family members impacted by the pandemic.

As a result of the Stafford Act Emergency Declaration and other program-specific policy changes, the SSVF Program Office enabled many COVID-19 programmatic adaptations to be made starting in FY 2020 and continuing into FY 2021. Of these adaptations, those that bore significant financial costs included: spending limit changes, household and individual time limit suspensions, and emergency use of hotels/motels. Additionally, mandatory SSVF fund return rules were waived and voluntary returns were implemented as part of the program's national strategy to redistribute funds from low demand to high need geographic areas. Further, some grantees were approved for spending extensions, enabling them to fully utilize their initial allocations while addressing their local areas Veterans' needs.

As SSVF spending priorities shifted to respond to COVID-19, so too did the balance of grantee spending over the last two years. SSVF grantees actually spent the largest share of their award

SECTION 3: SSVF Funding Overview

funds on TFA - rising from 34 percent in FY 2019 to 49 percent in FY 2020;²⁴ similar to FY 2020, in the second year of the COVID-19 pandemic, FY 2021, 46 percent of regular SSVF expenditures were spent on TFA.²⁵

Some of the increase in SSVF financial expenditures was due to the expansion of the program's Shallow Subsidy pilot initiative in 11 selected communities. The pilot aimed to improve housing outcomes and financial stability for SSVF served Veterans in areas struggling with high rates of homelessness and low availability of affordable housing. Over the course of FY 2021, \$15 million in SSVF expenditures were used to serve 1,113 Veterans under the Shallow Subsidy pilot program. [Section 6 of this report \("SSVF Shallow Subsidy Service"\)](#) provides more information about this pilot program, its outcomes, and the upcoming national expansion of the SSVF Shallow Subsidy service.

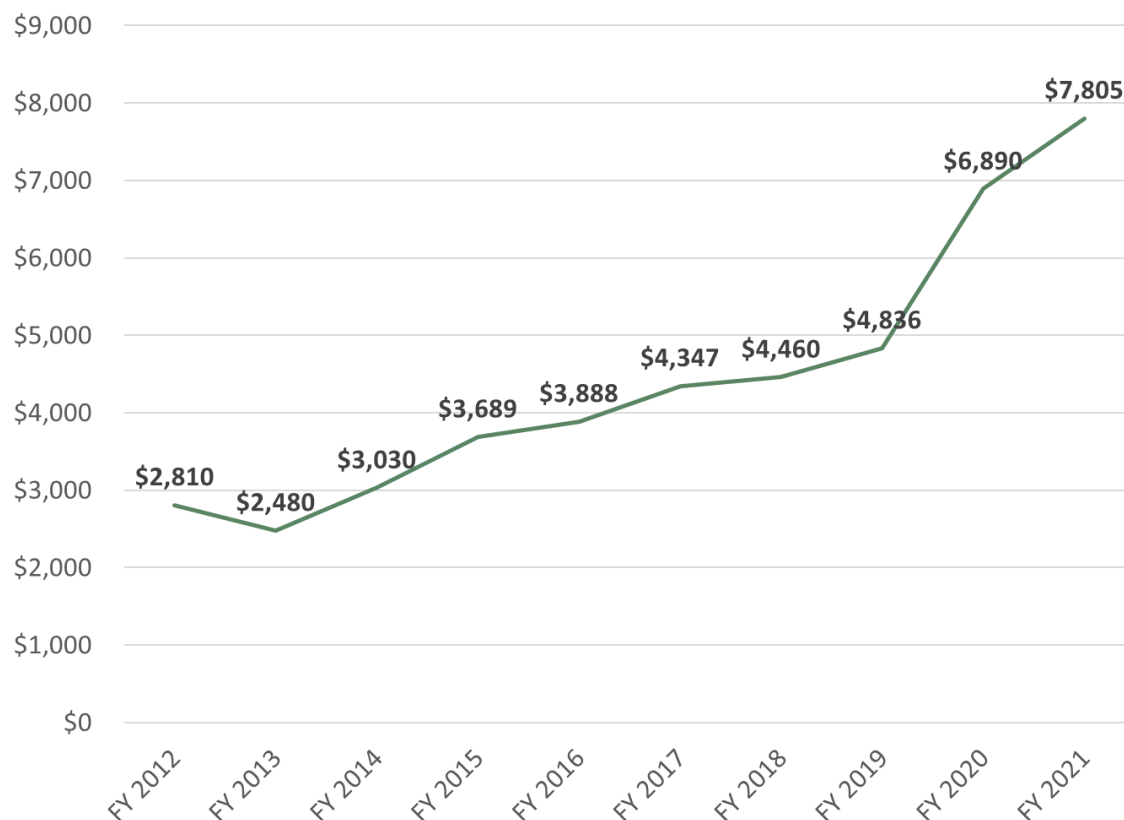
²⁴ Due to limitations of data on program expenses, the information in this paragraph includes some FY 2021 grantee expenditure extension funds beyond the end of the FY 2020 program year, which ended on September 30, 2020.

²⁵ Regular SSVF expenditures exclude Pilot Shallow Subsidy expenditures due to limitations of data on program expenses.

SECTION 3: SSVF Funding Overview

3.3 Program Costs per Household

Exhibit 3.3: SSVF Program Expenditures per Household Served



SOURCES: 1) SSVF-HMIS Repository data; 2) SSVF-Drawdown reports.

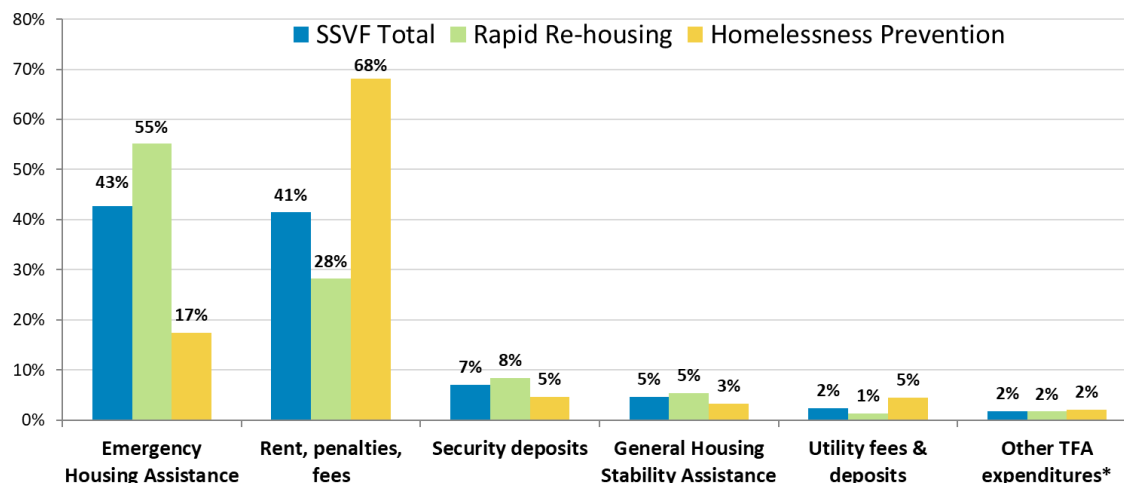
SSVF program expenditures per household have increased every year since FY 2013. Over the last decade, the most consistent driver of increased SSVF expenditures per household has been decreases in the availability of affordable housing. According to an analysis by the Harvard Joint Center for Housing Studies, the U.S. share of units with rent under \$600 per month (or “low-cost rental units”) decreased from 32.3 percent in 2011 to 21.6 percent of rental units in 2019, a loss of 3.9 million low-cost units over that period. On an annual basis, there was an average annual decrease of 1.3 percent in low-cost rental units of the whole rental market. Most recently, in FY 2021 across more than half of US housing markets, monthly rents were up by double digits (more than 10 percent) over FY 2020.

Additionally, COVID-19 related increases in SSVF households’ length of participation and increased use of EHA contributed to the sharp increase in program expenditures per household between FY 2019 and FY 2021.

SECTION 3: SSVF Funding Overview

3.4 Temporary Financial Assistance

Exhibit 3.4: TFA Expenditures, by Type (FY 2021)²⁶



* Other TFA expenditures include transportation, emergency housing assistance, moving costs, childcare, and other costs.

SOURCE: SSVF-HMIS Repository data.

SSVF's COVID-19 response had a major impact on the types of TFA utilized by grantees in FY 2021. The percentage of TFA spent on EHA increased the most, from three (3) percent in FY 2019 to 32 percent in FY 2020 to 43 percent in FY 2021 – that is a fourteen-fold increase over the last two years. EHA TFA was used on an emergency basis to shelter Veterans safely and temporarily in hotels and motels, with regular time limits suspended, capacity limits raised, and other usage rules made more flexible. Those changes enabled SSVF grantees to protectively place 32,007 Veteran households into hotels or motels from the start of the pandemic through the end of FY 2021. Those placements were primarily for Veterans experiencing literal homelessness. Fifty-five (55) percent of rapid re-housing TFA funds went to EHA, compared to 17 percent of homelessness prevention TFA.

Forty-one (41) percent of TFA went to rent-related assistance, consisting of 68 percent of homelessness prevention TFA and 28 percent of rapid re-housing TFA. Homelessness prevention rental assistance overall tends to require more non-EHA TFA than rapid re-housing, as it covers rental arrearages, as well as current and future payments. Security deposit assistance made up the third largest TFA expenditure at 7 percent, making up 8 percent of rapid re-housing TFA and 5 percent of homelessness prevention TFA. While only 2 percent of TFA funds were expended on utility fees and deposits, most of those funds were expended on homelessness prevention TFA services (5 percent) over rapid re-housing TFA services (1 percent). As Veteran households

²⁶ Due to financial reporting system limitations, shallow subsidy TFA data was not available for reporting in FY 2021.

SECTION 3: SSVF Funding Overview

served with homelessness prevention assistance often maintained their residence at entry, their need for security deposit assistance and utility fees/deposits was lower than that of rapid re-housing-assisted households.

Similarly, rapid re-housing households were more likely to need general housing stability assistance. TFA funding provided for expenses associated with moving into or securing permanent housing, items necessary for life or safety provided on a temporary basis to address an emergency, as well as expenses associated with gaining or keeping employment. Five (5) percent of rapid re-housing TFA funds went to general housing stability assistance, compared with only three (3) percent of homelessness prevention TFA.

Section 4:

SSVF Participants Served in FY 2021 and Their Demographic Characteristics

This section describes SSVF participants served in FY 2021, including demographic characteristics such as their household type, age, race, gender, and disability status. In addition, enrollment levels for target populations under the FY 2021 grant awards are examined.

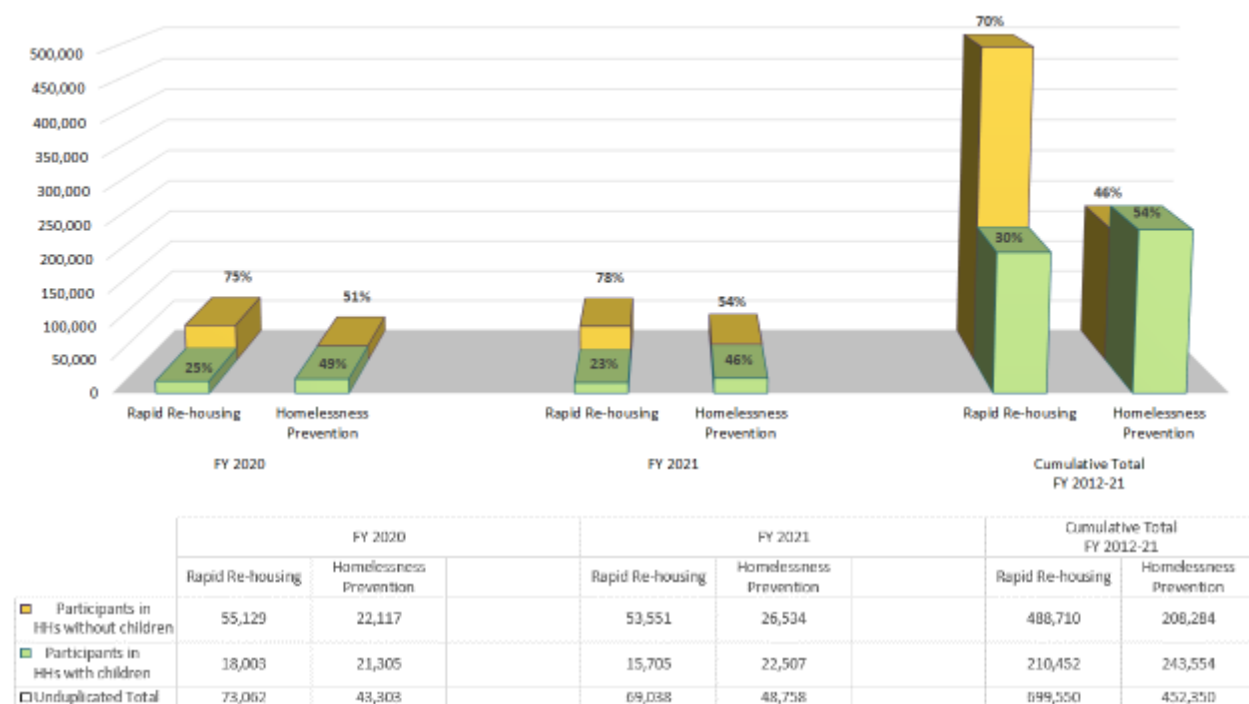


Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

4.1 Overview of Persons and Household Types Served

This section provides information about SSVF participants (including Veterans, non-Veterans, and children) served by household type and assistance type since the program's inception (in FY 2012), and over the last two years.

Exhibit 4.1: SSVF Participants Served, by Household Type (FYs 2012-2021)



NOTE: The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household, e.g., as a result of incarceration or domestic violence.

SOURCE: SSVF-HMIS Repository data.

Since the program's inception there have been noticeable differences in the SSVF assistance provided by household type. In that time, rapid re-housing has been the predominant assistance type for participants in households (HHs) without children; seventy (70) percent of participants (or 488,710 participants) experienced literal homelessness and received rapid re-housing assistance during that time. Simultaneously, 54 percent of participants in households with children (or 243,554 participants) were at-risk of homelessness and received homelessness prevention assistance.

That changed in FY 2020, when for the first time since SSVF's inception, the majority of homelessness prevention participants were in households without children (51 percent). That shift continued in FY 2021, with 54 percent of homelessness prevention going to participants in

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

households without children, most likely due to SSVF's effort to protect the health and safety of vulnerable Veterans as part of the COVID-19 response.

4.2 Participant Demographics

This section provides information about SSVF Veteran participants' gender, age, race, disabling conditions, and other major health conditions. These demographic characteristics are important for understanding the Veteran population that SSVF served, how they compare to those served in other homeless systems of care, and to better identify which Veteran groups were served during FY 2021, the first full year of the federal response to the pandemic.

While several demographic trends across multiple years were explored in the COVID-19 Response section of this report (Section 2), this section goes into greater detail on FY 2021 specific demographic data.

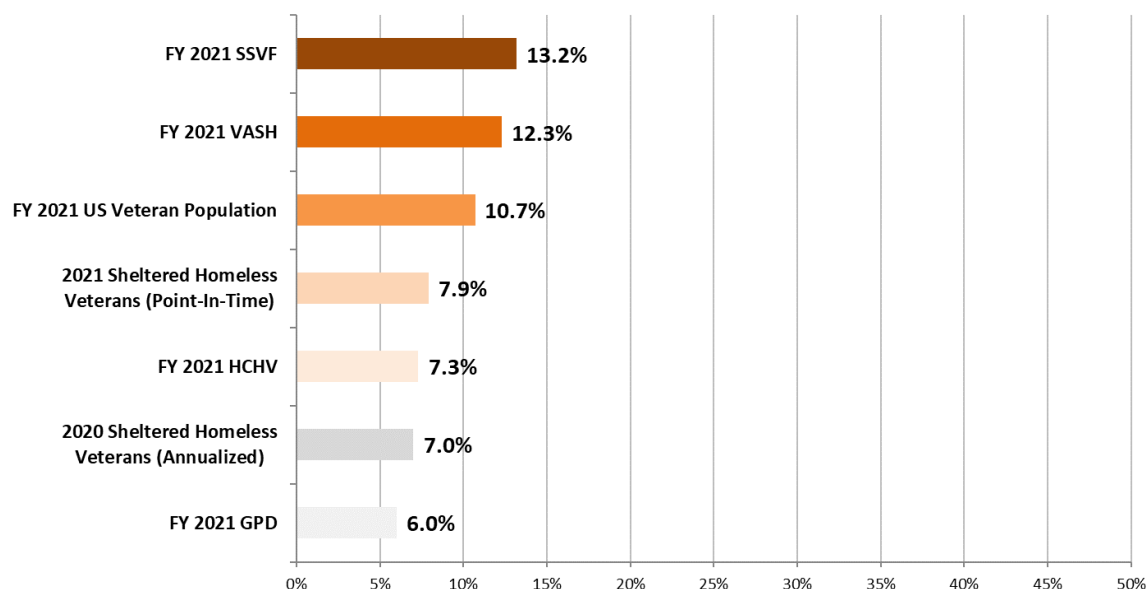
4.2.1 Gender

SSVF aims to provide Veterans of all genders in need of rapid re-housing or homelessness prevention services with assistance that furthers their housing stability and health. To that end, this annual report provides more detailed gender data on Veterans served by SSVF than prior reports. Women, transgender, and gender non-conforming/non-binary Veterans often face more distinct challenges than male Veterans, who comprise the vast majority of Veterans and Veterans experiencing homelessness.

In FY 2021, 87 percent of SSVF Veterans were men and 13 percent were women, and less than 0.1 percent were gender non-conforming/non-binary Veterans. Additionally, 0.3 percent of SSVF Veterans identified as Transgender.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

Exhibit 4.2: Percentage of Women Veterans Among Veteran Programs and Populations (FY 2021)²⁷



NOTE: Additional information about these homelessness programs can be found on VA's homelessness web page at: <https://www.va.gov/homeless/>.

SOURCES: SSVF-HMIS Repository data; VA Office of the Actuary; Annual Homeless Assessment Report (AHAR); VA Homeless Management Evaluation System (HOMES).

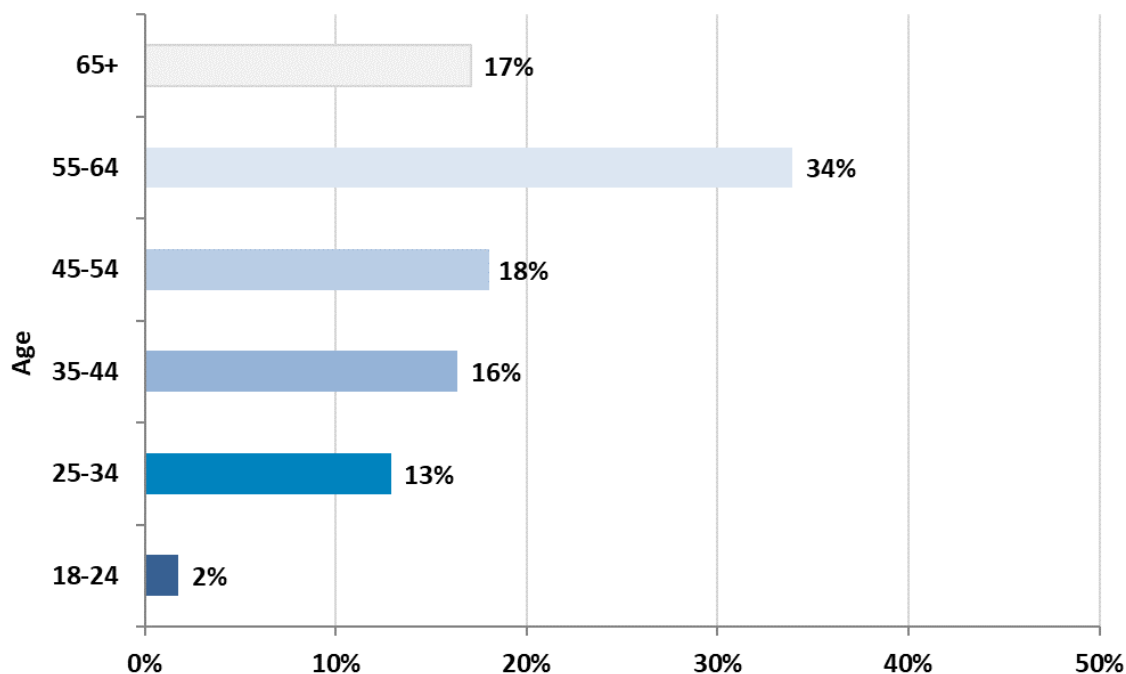
In FY 2021, 13.2 percent of Veterans served by SSVF (Exhibit 4.2) were women (10,604)—significantly higher than the seven (7) percent of women Veterans served nationally in shelter programs (FY 2020 annualized data). SSVF also served a higher percentage of women than the U.S. homeless Veterans population, which is 10.7 percent women. The high rate of women served by SSVF may be due, in part, to the number of households with children served with SSVF homelessness prevention assistance.

SSVF has served the highest proportion of women of any VA homeless initiative for each of the past five years. In other national VA homelessness programs, 12.3 percent of Veterans in HUD-Veterans Affairs Supportive Housing (HUD-VASH) permanent supportive housing programs; 7.3 percent of Veterans in HCHV programs, which include outreach, health care, and treatment and rehabilitative services, along with emergency shelter and safe haven residential assistance; and six (6) percent of Veterans in GPD transitional housing and safe haven residential assistance programs were women.

²⁷ See note 17.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

Exhibit 4.3: SSVF Veterans Served, by Age Group (FY 2021)



SSVF Veterans= 80,924

SOURCE: SSVF-HMIS Repository data.

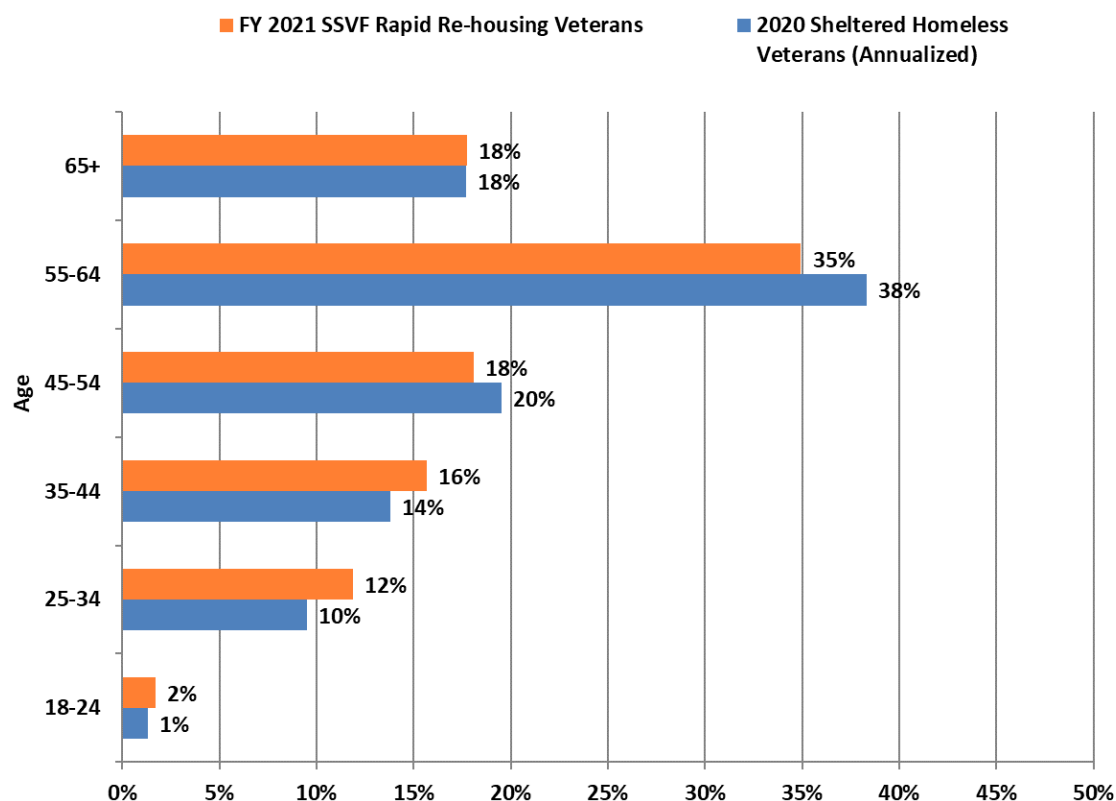
Half of SSVF Veterans (51 percent) were ages 55 or above, with the majority of those Veterans in the 55 to 64 years old category (34 percent) and the remainder in the 65 years and older category (17 percent).

The other half of SSVF Veterans were ages 18 to 54 (49 percent), with the bulk of these Veterans at the upper end of the age range. Eighteen (18) percent of SSVF Veterans were ages 45 to 54, while 16 percent were ages 35 to 44 and 13 percent were ages 25 to 34. Just two (2) percent of SSVF Veterans were in the ages 18 to 24 category.

The largest single age category of SSVF Veterans was the age 55 to 64 group at 34 percent.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

Exhibit 4.4: Comparison of SSVF and Sheltered Veterans Served, by Age Group²⁸



SSVF RRH Veterans= 52,973; Sheltered Veterans= 84,667

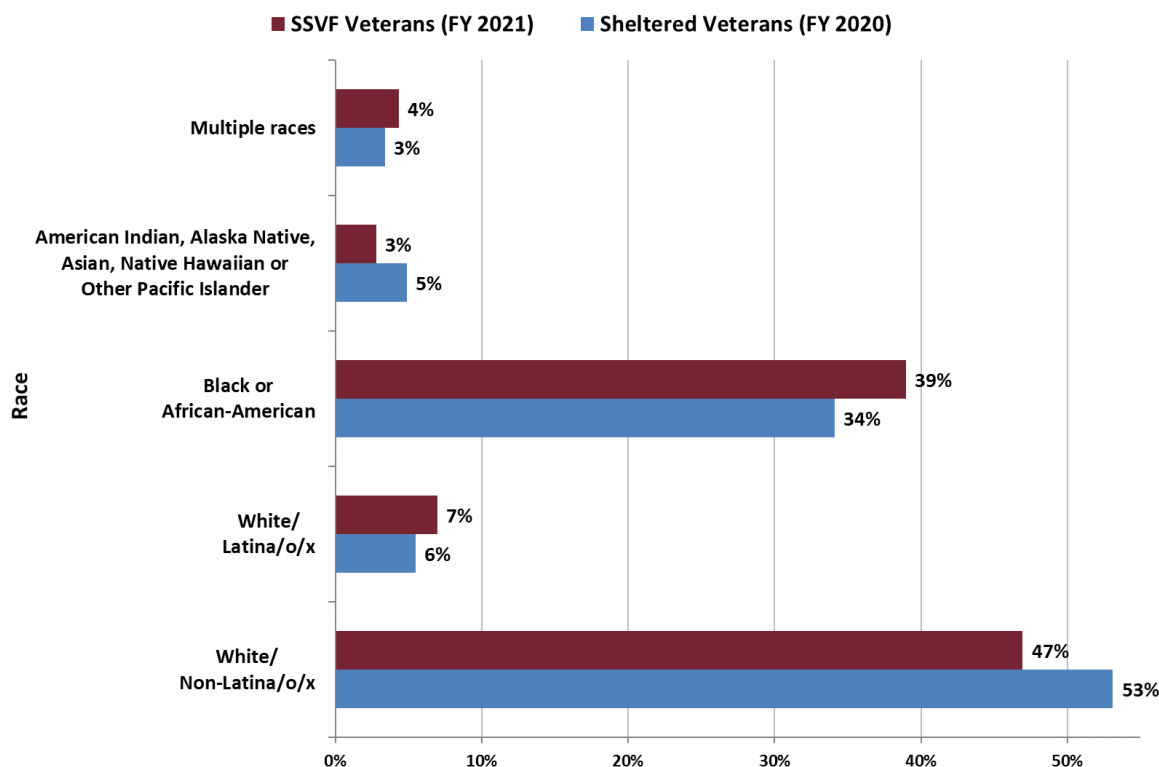
SOURCE: AHAR; SSVF-HMIS Repository data.

Exhibit 4.4 compares SSVF Veterans who received SSVF rapid re-housing in FY 2021 with the most recently available sheltered Veteran data by age group, which is from FY 2020. In FY 2021, Veterans served by SSVF grantees were slightly younger than FY 2020 sheltered Veterans nationwide. SSVF rapid re-housing Veterans ages 18 to 44 were four (4) percent higher than in shelters. For SSVF rapid re-housing Veterans ages 45 to 64, they were five (5) percent lower than the shelter group. The one exception was the 65 and older age group, which was the same percentage for the SSVF rapid re-housing group compared to those in shelters.

²⁸ AHAR Part 2 national sheltered annual data was only available through FY 2020 at the time of this report's publication. That report's release was delayed due to a switch in data collection systems. The next AHAR Part 2 report will publish FY 2021 data. It will be released during calendar year 2023.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

Exhibit 4.5: Veterans Served, by Race²⁹



SSVF Veterans= 80,924; Sheltered Veterans= 84,667

SOURCES: SSVF-HMIS Repository data; AHAR data.

Most SSVF Veterans served in FY 2021 were white/non-Latino/a/x at 47 percent or Black/African American at 39 percent. Among all SSVF Veterans, the remaining 14 percent was spread across persons of white/Latina/o/x origin at seven (7) percent, multiple races at four (4) percent, and American Indian, Alaska Native, Asian, Native Hawaiian or Other Pacific Islander at three (3) percent.

SSVF Veterans who identified as Black/African American, white/Latina/o/x, or multiple races at higher rates than shelters nationwide, while Veterans who were white/non-Latina/o/x and American Indian, Alaska Native, Asian, Native Hawaiian or Other Pacific Islander were served at lower rates by SSVF than shelters nationwide.

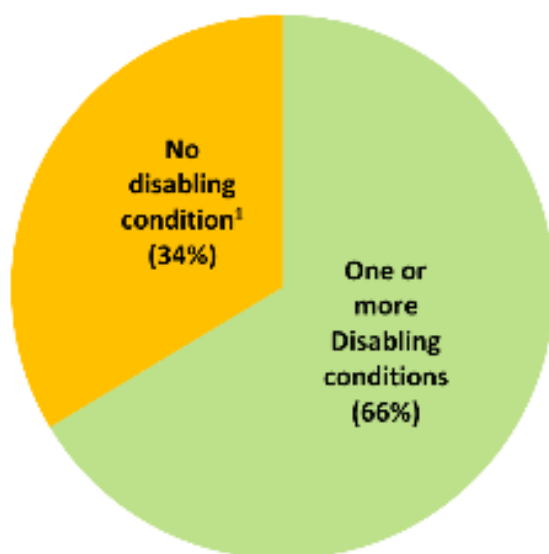
²⁹ AHAR Part 2 national sheltered annual data was only available through FY 2020 at the time of this report's publication. That report's release was delayed due to a switch in data collection systems. The next AHAR Part 2 report will publish FY 2021 data. It will be released during calendar year 2023.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

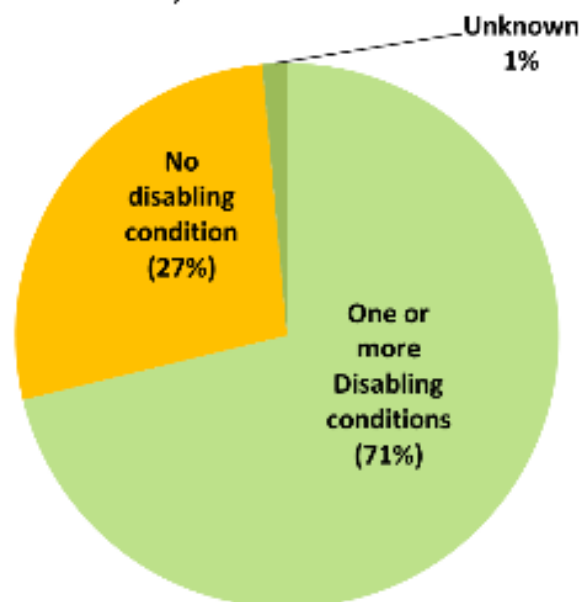
As a group, BIPOC Veterans were served at a higher rate in SSVF than in shelters nationwide (53 percent vs. 47 percent, respectively).

Exhibit 4.6: Disabling Conditions among SSVF Veterans³⁰

SSVF Veterans, FY 2021



Sheltered Veterans, FY 2020



SSVF Veterans= 80,924; Sheltered Veterans= 84,667

SOURCES: (left) SSVF-HMIS Repository data; (right) AHAR.

In FY 2021, about two in three (66 percent or 53,726) Veterans assisted through SSVF had one or more disabling conditions.³¹ The disability rate for Veterans receiving rapid re-housing assistance was slightly higher at 67 percent.

The disability rate for Veterans experiencing sheltered homelessness in FY 2020 at 71 percent was somewhat higher than the disability rate for SSVF participants in FY 2021. However, the

³⁰ See note 17.

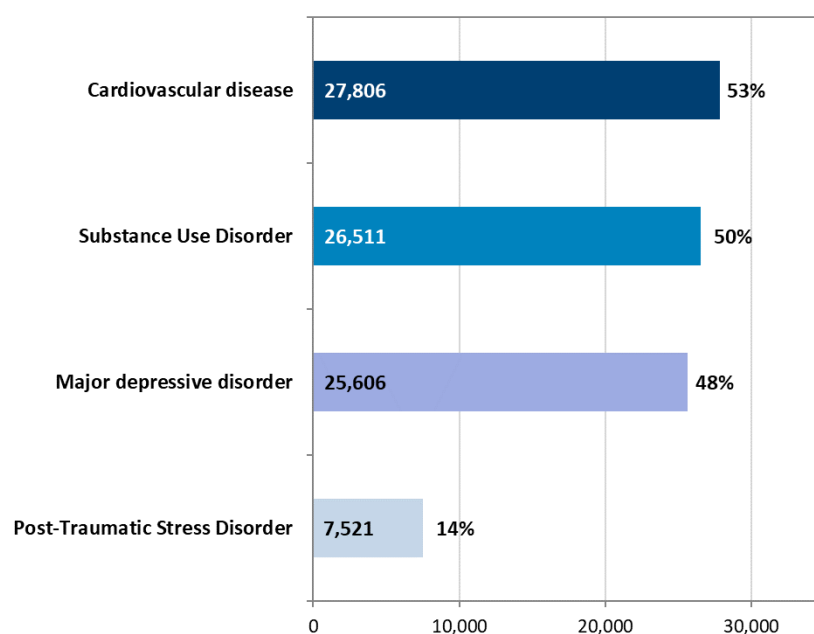
³¹ “People with one or more of the following conditions were identified as having a disabling condition: (1) the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agency for acquired immunodeficiency syndrome (HIV); (2) a physical, mental, or emotional impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is [a] expected to be of long-continued or of indefinite duration, [b] substantially impedes an individual’s ability to live independently, and [c] could be improved by the provision of more suitable housing conditions.; (3) A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); ” This definition comes from the 2020 *HMIS Data Standards Manual* (version 1.7), which was in effect for FY 2021 grantees entering disability condition data into HMIS.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

number of Veterans with one or more disabling conditions served by SSVF increased from pre-pandemic levels (from 45,750 in FY 2019 to 51,982 in FY 2020 to 53,726 in FY 2021), while shelters in the U.S. served fewer Veterans with one or more disabling conditions since the pandemic began (from 67,718 in FY 2019 to 58,476 in FY 2020). That increase in Veterans served with one or more disabling conditions was due to SSVF's increased outreach efforts to community organizations during the pandemic. Sheltered locations often referred Veterans with one or more disabilities to SSVF because its grantees had access to local hotel/motel and other support resources to safely shelter Veterans with the most needs.

Overall, SSVF Veterans had disability rates more than twice that of the total U.S. Veteran population (30 percent) in FY 2021 and 4.3 times higher than the 15 percent disability rate among the U.S. adult population experiencing homelessness.³²

Exhibit 4.7: Major Health Problems Among Veterans Exiting SSVF and Engaged with Veterans Health Administration (FY 2021)



VHA Matched SSVF Veteran Exiters= 52,822

SOURCE: Veterans Health Administration Support Service Center.

Exhibit 4.7 shows the major health problems found among Veterans who both exited SSVF during FY 2021 and received health care services from the Veterans Health Administration

³² HUD's AHAR 2020, Part 2.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

(VHA). In FY 2021, of the 56,070 Veterans who exited SSVF, 52,822 (or 94 percent) were documented to have received VHA health care services.

Of the 52,822 Veterans documented to have had VHA services, 53 percent had a history of cardiovascular disease, 50 percent had a substance use disorder, 48 percent had a major depressive disorder, and 14 percent had a post-traumatic stress disorder. More information on major health problems trends among SSVF Veterans can be found in [Section 2.2.1 \(Changes in Veterans Served During COVID-19\)](#) of this report.

4.3 Target Populations

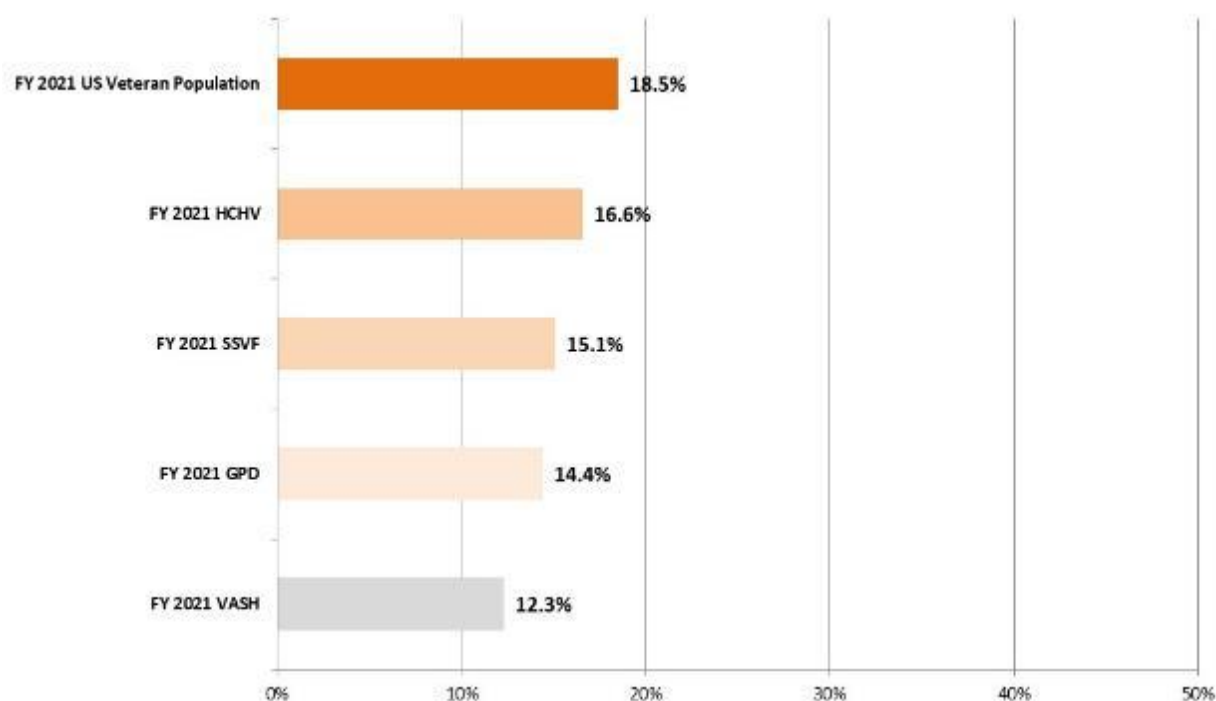
Grantees reported the number of households served for VA's target population priorities that were specified in the FY 2021 SSVF NOFA through monthly uploads to the Homeless Management Information Systems (HMIS) Repository. VA's target population priorities included:

VA Target Population Priorities	FY 2021 SSVF Target Population Outcomes
Veteran households earning less than 30 percent of Area Median Income (AMI)	74 percent of all SSVF households (or 60,130 households) were reported to have incomes less than 30 percent of area median income (AMI) for their household size at program entry
Veterans with at least one dependent family member	13 percent (or 10,625) of all SSVF households had at least one dependent child (under age 18) at program entry, these households had a total of 20,971 children (18 percent of all participants).
Returning Veterans from Afghanistan or Iraq	15 percent of all (12,233) SSVF Veterans were Veterans who served in Iraq or Afghanistan.

These figures indicate that the program was successful in targeting and serving very low-income Veteran families, Veteran families with dependents, and those who served in Afghanistan and Iraq.

Section 4: SSVF Participants Served in FY 2021 and Their Demographic Characteristics

Exhibit 4.8: Percentage of Returning Veterans from Afghanistan or Iraq Among Veteran Programs and Populations (FY 2021)



NOTE: Additional information about these homelessness programs can be found on VA's homelessness web page at: <https://www.va.gov/homeless/>.

SOURCES: SSVF-HMIS Repository data; VA Office of the Actuary; Annual Homeless Assessment Report (AHAR); VA Homeless Management Evaluation System (HOMES).

In FY 2021, the SSVF program served 80,924 Veterans. Among these Veterans, 15.1 percent (12,233) served in Iraq or Afghanistan and were Veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND)—the highest proportion of OEF/OIF/OND Veterans served by any VA homeless initiative. Sixty-one (61) percent of those Veterans received rapid re-housing assistance, 39 percent used homelessness prevention assistance, and one (1) percent used both assistance types. The availability of low-barrier access to services, due to SSVF's emphasis on Housing First, the flexible range of services that can be tailored to the specific needs of the Veteran household, and availability of family-specific services may enhance SSVF's appeal to this group.

Section 5: SSVF Program Results

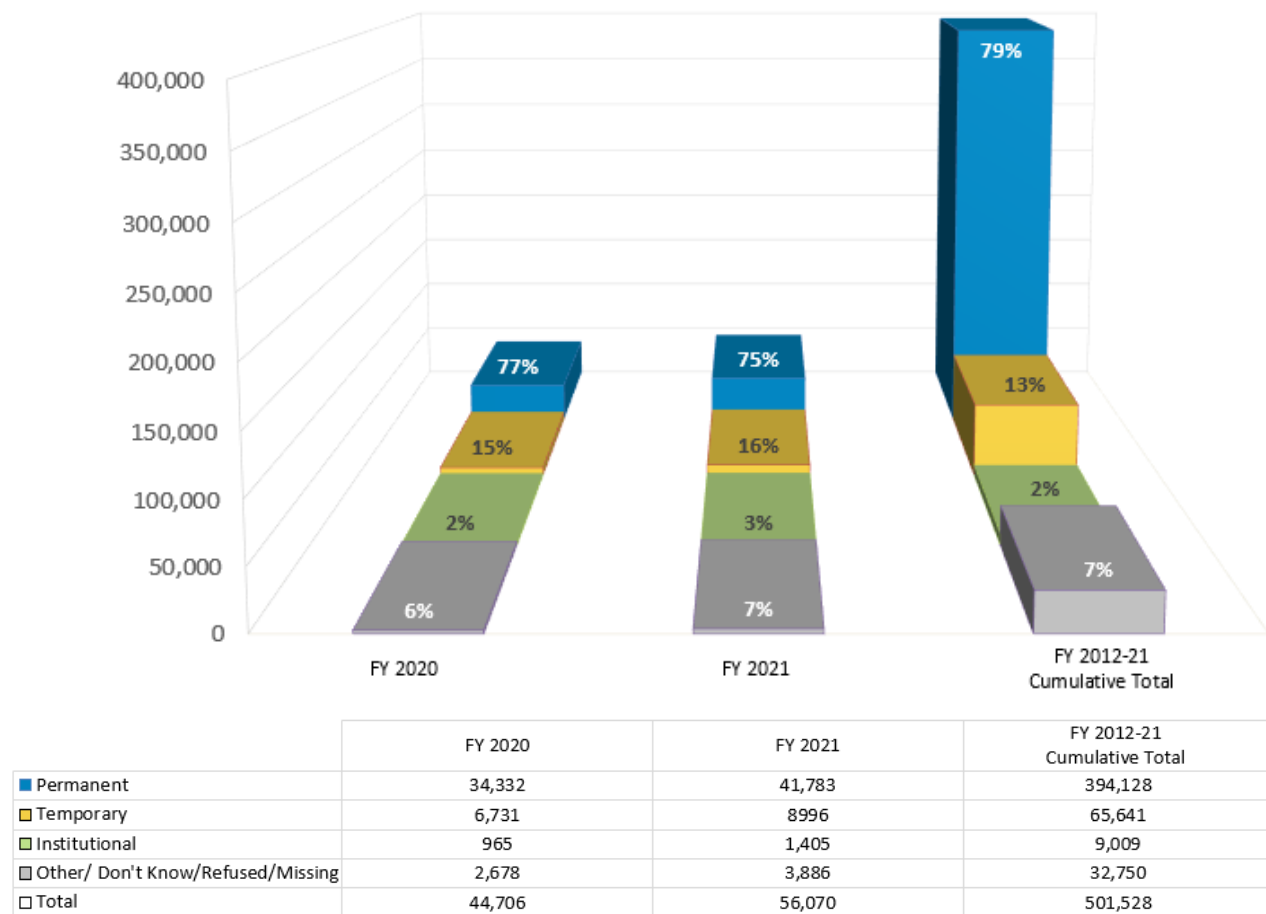
This section describes the outcomes Veteran households achieved as a result of SSVF assistance. Key results tracked include housing outcomes, income changes, participant satisfaction with SSVF assistance, and returns to homelessness data with an included equity analysis.



Section 5: SSVF Program Results

5.1 Housing Outcomes

Exhibit 5.1: Veteran Program Exits, by Housing Outcome (FYs 2012-2021)



SOURCE: SSVF-HMIS Repository data.

Since SSVF's inception, 501,528 Veterans have exited SSVF, with 79 percent of them having successfully exited to permanent housing destinations (394,128 Veterans).³³ Thirteen (13) percent of Veterans exited to temporary destinations (65,641 Veterans), which breaks down to six (6) percent (or 27,848 Veterans) went to sheltered homelessness programs, four (4) percent (or 18,279 Veterans) went to stay with friends or family temporarily, and three (3) percent (or 17,487 Veterans) were reported to have exited to unsheltered locations. Just two (2) percent (or 9,009 Veterans) went to institutional destinations, including general hospitals, psychiatric hospitals, substance abuse treatment

³³ Across SSVF program years, it is not currently possible to un-duplicate service data. The "cumulative total" represents the sum of the Veterans served each program year.

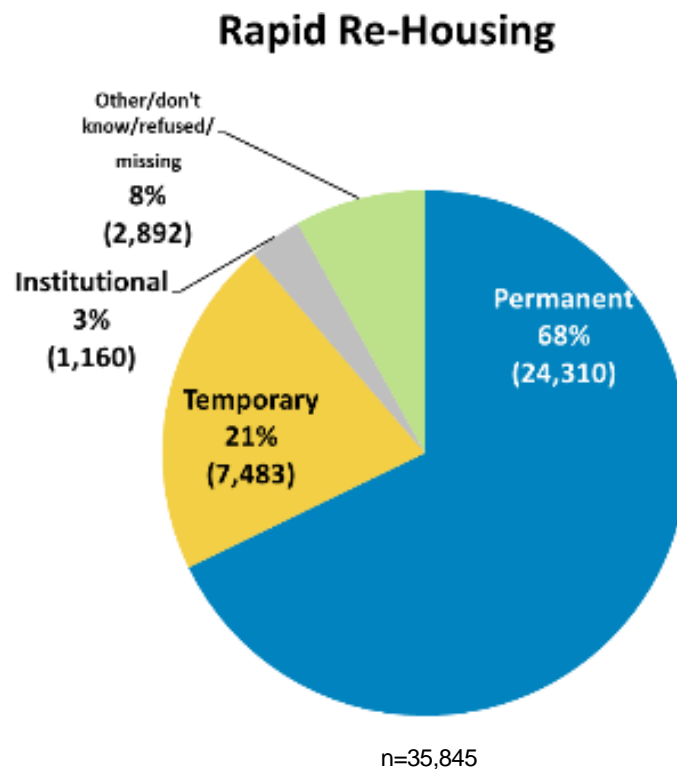
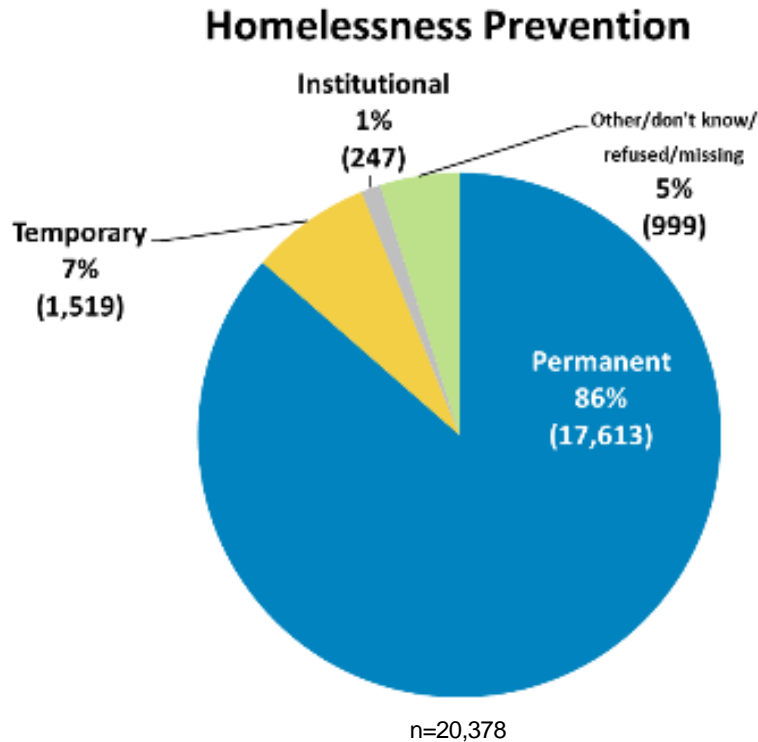
Section 5: SSVF Program Results

facilities, jail, or prison. The remaining seven (7) percent of Veteran exiters went to unknown or other destinations (32,750 Veterans).

The permanent housing placement rate dipped from 79 percent in FY 2019 (before COVID-19) to 77 percent in FY 2020 and to 75 percent in FY 2021. The likely cause of those decreases was the COVID-19 pandemic's impact on the housing market and SSVF's service model, including the rapid expansion of EHA services, higher service needs, and longer average lengths of participation among SSVF Veterans.

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Exhibit 5.2: Veteran Exit Destinations, by Housing Outcome and Assistance Type (FY 2021)



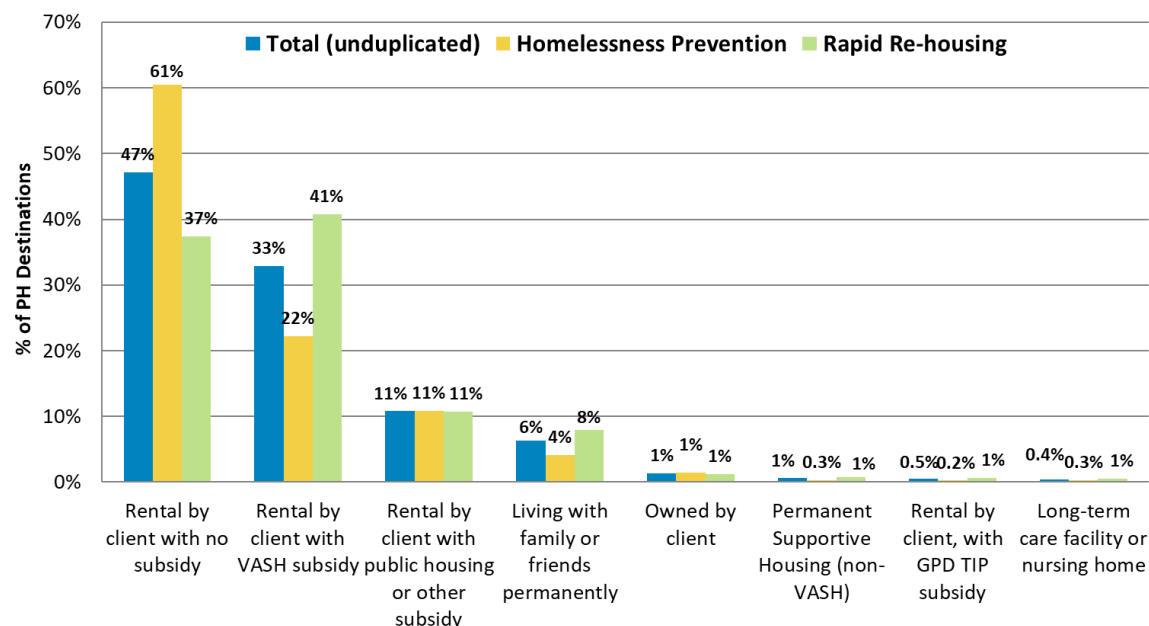
SOURCE: SSVF-HMIS Repository data.

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As shown in Exhibit 5.2, nearly seven of eight Veterans exiting SSVF homelessness prevention assistance maintained their housing unit or found other permanent housing (17,613 or 86 percent) in FY 2021. Meanwhile, about two in three Veterans exiting SSVF rapid re-housing programs successfully ended their homelessness and moved into permanent housing (24,310 or 68 percent).

Of the 21 percent of rapid re-housing Veterans who exited to temporary destinations, seven (7) percent (or 2,658 Veterans) are known to have exited into unsheltered homelessness situations. Likewise, of the seven (7) percent of homelessness prevention Veterans who exited to temporary destinations, less than one (1) percent (or 154 Veterans) exited to unsheltered homelessness situations. Four (4) percent of homelessness prevention and rapid re-housing Veterans went to temporary housing with family or friends. Though seven (7) percent of rapid re-housing Veterans exited to sheltered locations (2,633 Veterans), only three (3) percent of homelessness prevention Veterans exited to sheltered locations (343 Veterans).

Exhibit 5.3: Permanent Housing Destinations of Veteran Permanent Housing Exiters (FY 2021)



n= 41,783

SOURCE: SSVF-HMIS Repository data.

SSVF placements, which included use of HUD-VASH vouchers, remained high in FY 2021 at 33 percent of all permanent housing exits. Possible factors that contributed to this increase include:

- Increased coordination between SSVF and HUD-VASH to streamline permanent housing enrollment, housing placement, and support services coordination, while addressing COVID-19 health and safety crises for Veterans in need, including the use of hotels and motels for temporary safe shelter.

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- While the overall number of Veterans experiencing homelessness declined, the remaining Veterans tended to have higher support needs. This may be reflected by the increasing rates of disability, rising from 54 percent in FY 2012 to 66 percent in FY 2021. This trend is mirrored among homeless Veterans in shelter programs. Additional information on this trend can be found in Exhibit 2.1 of this report.
- The sharp reduction in homelessness among Veterans has meant that more resources could be used to assist those with relatively greater support needs.
- Limited available affordable housing stock has made it more difficult to recruit landlords willing to accept the short-term subsidies provided by SSVF when longer-term subsidies are available through HUD-VASH for Veterans.

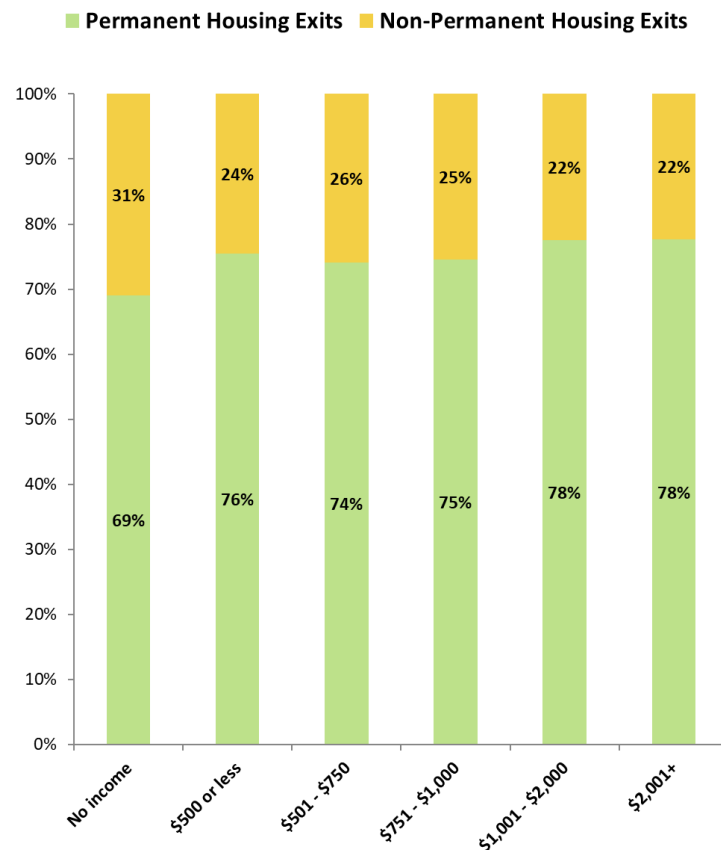
The lack of available affordable housing is a crisis for many of America's poor who face growing rent burdens, particularly in high-cost urban centers. SSVF recognizes that many impoverished Veteran households could maintain stable housing without the intensive case management services associated with HUD-VASH, but still require longer-term rental assistance than SSVF has offered. In response to this ongoing crisis, SSVF launched the Shallow Subsidy initiative (see Section 6.2).

Among all Veterans who successfully exited SSVF to permanent housing in FY 2021, nearly half (47 percent) were in unsubsidized rental housing at program exit. A third (33 percent) successfully moved into or remained in HUD-VASH subsidized rental units. Housing units with public or other housing subsidy programs accounted for 11 percent of permanent housing exits. Just six (6) percent exited SSVF to live permanently with family or friends, while all four other permanent housing destinations accounted for three (3) percent of these exits, including non-HUD-VASH permanent supportive housing (1 percent), owned by client (1 percent), rental by client with VA Grant and Per Diem (GPD) Transition in Place subsidy (0.5 percent), and long-term care facility or nursing home (0.4 percent).

There were notable housing destination differences between rapid re-housing and homelessness prevention, but these were consistent with the expectation that Veterans who experience homelessness often have greater long-term service needs than Veterans able to avoid experiencing homelessness. As shown in Exhibit 5.3, 61 percent of Veterans who received homelessness prevention assistance successfully moved to or retained unsubsidized rental housing, compared with just 37 percent of Veterans exiting rapid re-housing to permanent housing. On the other hand, 41 percent of Veterans who successfully exited from rapid re-housing went to a rental unit with a HUD-VASH subsidy, compared with just 22 percent of those Veterans who received homelessness prevention support.

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Exhibit 5.4: Permanent Housing Success Rates by Monthly Income at Program Entry Among Veterans Served, Including VASH Exits (FY 2021)



n= 56,070

NOTE: Data are for Veterans who exited SSVF programs and do not include income changes experienced by other non-Veteran household members.

SOURCE: SSVF-HMIS Repository data.

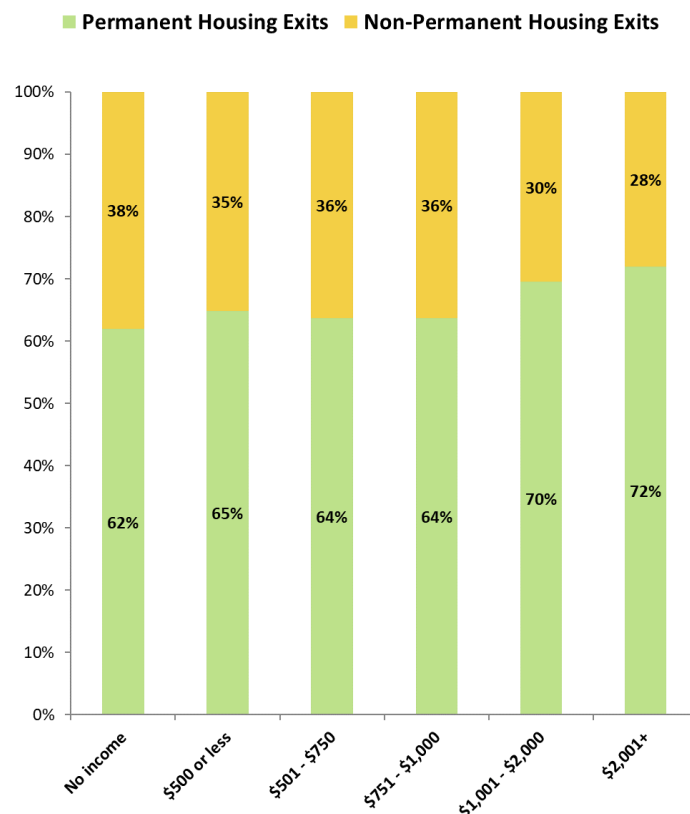
In alignment with the Housing First approach, VA expects grantees to serve Veterans at the highest possibility of being at-risk of or literally experiencing homelessness without SSVF assistance.³⁴ Often, this means accepting Veterans who may have little or no income and have multiple barriers to housing stability. As shown in Exhibit 5.4, Veterans with higher incomes had somewhat higher successful housing outcome rates. However, Veterans with no income, as well as those earning \$500 or less monthly, still achieved a relatively high rate of success, at 69 percent and 76 percent,

³⁴ The Opening Doors federal strategic plan to prevent and end homelessness was released in June 2010 by President Barack Obama. The plan includes the federal goal of ending chronic and Veteran homelessness. More information about this strategic plan can be found at the United States Interagency Council on Homelessness Opening Doors webpage: <https://www.hudexchange.info/resource/1237/usich-opening-doors-federal-strategic-plan-end-homelessness/>.

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respectively. In fact, the difference in permanent housing placement success between Veterans who entered SSVF with earnings of \$500 or less in monthly income and those who entered with more than \$2,000 in monthly income was only two (2) percent.

Exhibit 5.5: Permanent Housing Success Rates by Monthly Income at Program Entry Among Veterans Served, Excluding HUD-VASH Exits (FY 2021)



n= 42,329

NOTE: Data are for Veterans who exited SSVF programs and do not include income changes experienced by other non-Veteran household members.

SOURCE: SSVF-HMIS Repository data.

Exhibit 5.5 differs from the previous exhibit in that it shows permanent housing success rates for Veterans excluding those exiting with a HUD-VASH voucher. Comparing the results from these two exhibits, permanent housing success rates are lower for income groups with \$2,000 or less in monthly income (-9 percent) compared with the \$2,001 or more group (-6 percent). That difference indicates SSVF grantees are assisting extremely low-income (less than 30 percent of AMI) and very low-income (less than 50 percent of AMI) Veterans with one or more disabling conditions, by appropriately partnering with VA to support placements with long-term HUD-VASH vouchers primarily for these Veterans households and by providing security deposits to Veterans as they move into HUD-VASH subsidized housing.

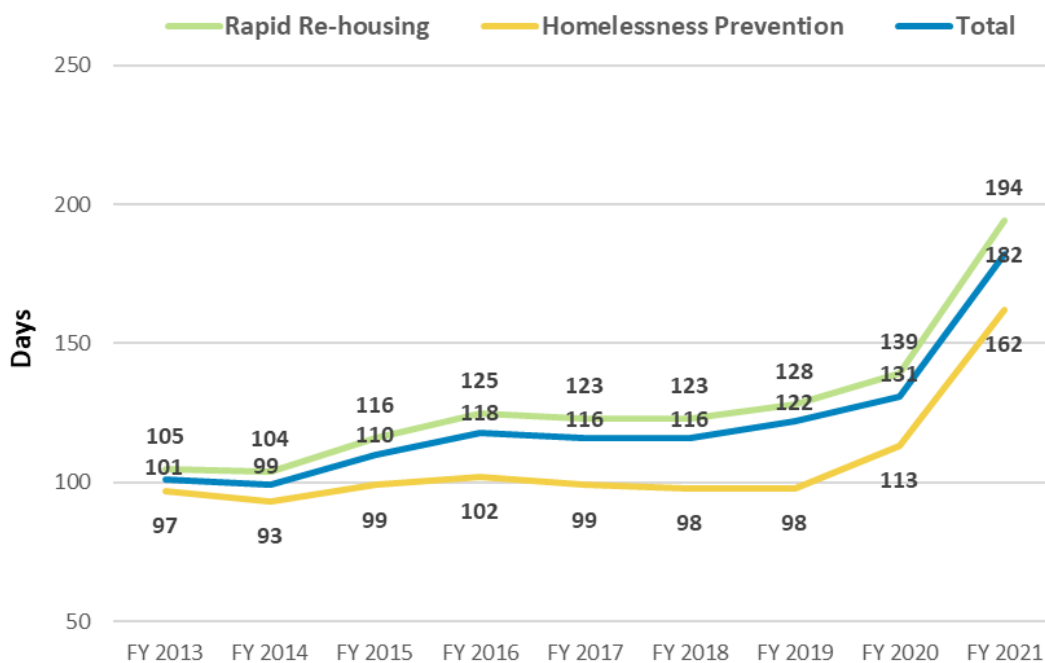
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The FY 2021 results show a sizable improvement from FY 2016, when permanent housing success rates excluding HUD-VASH for exiting Veterans with no income was 56 percent and 47 percent for exiting Veterans with \$500 or less income. This improvement may, in part, be a result of increased technical assistance and regional coordinator supports to SSVF grantees regarding strategies for working within challenging rental markets and deepening grantee participation with coordinated entry systems, which are increasingly the gateway to housing resources.

Overall, these results are consistent with findings from previous years and support progressive engagement and assistance approaches expected from SSVF grantees. This approach allows SSVF grantees to enroll Veterans with little or no income and other housing barriers. Once enrolled, Veterans are progressively assisted with increasing or decreasing amounts of assistance as needed and desired to remain in housing. Where assistance across programs is well-integrated, grantees are able to enroll and assist participants knowing that a rapid re-housing intervention may succeed and result in no further need for housing or service supports, however, if needed, access to a permanent supportive housing intervention, such as HUD-VASH, can be facilitated to ensure housing stability.

5.2 Length of Participation

Exhibit 5.6: Average Length of Participation of Veteran Exiters, by Assistance Type (FYs 2013-2021)



SOURCE: SSVF-HMIS Repository data.

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Throughout the COVID-19 pandemic, the SSVF Program Office and grantees acted to protect Veterans households in their care. The Stafford Act Emergency Declaration allowed the extension of Veteran participation time in safe shelter locations, including hotels/motels and apartments, through lifting the time limits on rental assistance. As a result, average length of program participation spiked by 49 percent since FY 2019 (which was the last full year of SSVF's operation before the COVID-19 pandemic).

Veteran exiters who received SSVF rapid re-housing services participated an average of 32 days longer than those exiting from homelessness prevention services. On average, Veteran rapid re-housing exiters were enrolled for 194 days (about six (6) and a half months), while those who received SSVF homelessness prevention services were enrolled for an average of 162 days (about five (5) and a half months). As rapid re-housing Veterans were experiencing literal homelessness at the time of their enrollment, they typically necessitated additional time for housing search and move-in activities.

Pandemic-related differences in length of participation data were limited in FY 2020, as fewer Veterans exited SSVF during late FY 2020 (May 2020 through September 2020) than usual. However, full year FY 2021 data showed significant increases in length of participation. The COVID-19 response section of this report (Exhibit 2.4) illustrates some of these impacts, as average Veterans served per month showed large increases during these periods.

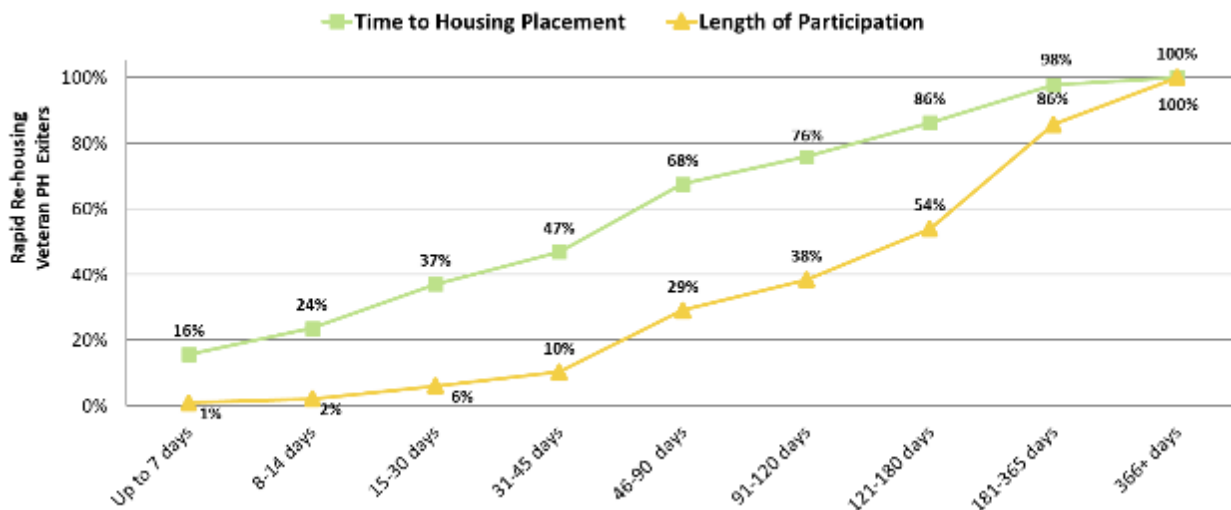
Before COVID-19, the average Veteran's length of participation in SSVF ranged between 101 (about 3 months) and 122 days (about 4 months). Between FY 2013 and FY 2019 there was an increase of 21 days in average Veteran's participation time, which stabilized between FY 2016 and FY 2019 (ranging between 116 and 122 days). The overall rise in length of Veteran's average participation time since SSVF's first years was largely driven by rises in the rapid re-housing Veteran's average length of participation (+23 days from FY 2013 to FY 2019), whereas Veteran's homelessness prevention length of participation was flat (+1 day from FY 2013 to FY 2019). Such increases were likely attributable to a combination of factors, including better targeting to higher-barrier households, the ongoing challenge of helping Veterans find and sustain suitable permanent housing in high-cost, low-vacancy housing markets, and the increased proportion of unsheltered Veterans served with SSVF rapid re-housing services (+8 percent between FY 2014 and FY 2019).

Even before the pandemic, the shrinking availability of affordable housing was a growing challenge for SSVF grantees' working to quickly re-house Veterans experiencing homelessness. Additionally, the increasingly complex needs of SSVF participants (as reflected in the steady rise in disability rates from 55 percent in FY 2013 to 66 percent in FY 2021 for Veteran participants) added additional barriers to housing placement. To mitigate these issues, the SSVF Program Office has directed

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technical assistance resources toward helping grantees improve their landlord engagement, recruitment, and local coordinated entry system efforts.³⁵

Exhibit 5.7: Time to Housing Placement and Length of Participation Among Rapid Re-Housing Veteran Exiters (FY 2021)



n= 21,762

SOURCE: SSVF-HMIS Repository data.

Starting in FY 2015, SSVF grantees began tracking the date of residential (permanent housing) move-in for Veterans experiencing literal homelessness receiving rapid re-housing assistance. In conjunction with measuring length of participation, this allows a deeper examination of program efficiency related to the time between program enrollment and permanent housing placement. This measure assists VA and researchers to understand the timing dynamics of successful rapid re-housing placements. Additionally, this measure helps program managers better understand and strategize improvements for their program's performance.

As shown in Exhibit 5.7, the permanent housing placement date for Veterans usually occurs months ahead of exit from SSVF. For those Veterans who successfully exited SSVF rapid re-housing to permanent housing in FY 2021, it took an average of 85 days (about 12 weeks) to exit homelessness to permanent housing and, on average, another 120 days (about 17 weeks) to exit the program. Put another way, the average Veterans successfully assisted with SSVF rapid re-housing spent 205 days enrolled in SSVF, with about two-fifths of their program time spent working with SSVF to find and secure permanent housing (41 percent), and the other three-fifths of their program time spent

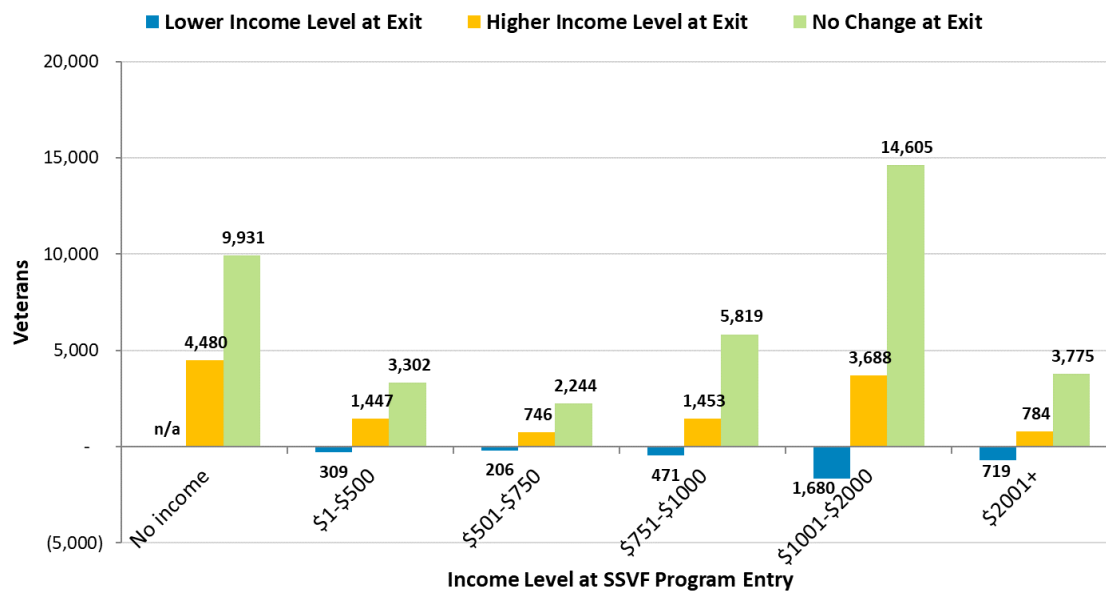
³⁵ Additional information on SSVF's efforts to improve coordinated entry system participation and landlord engagement can be found in Sections 6 and 7 of this report.

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receiving case management, rental assistance, and other tenancy supports from SSVF while stabilizing in permanent housing (59 percent).

5.3 Income and Financial Stability Outcomes

Exhibit 5.8: Changes in Veteran Monthly Income from Entry to Exit, by Assistance Type (FY 2021)



n= 56,070

NOTE: This exhibit includes cash income sources only. Non-cash benefits, such as the Supplemental Food Assistance Program (i.e., food stamps), are excluded from the figures in this exhibit.

SOURCE: SSVF- HMIS Repository data.

SSVF, by design, is a short-term, targeted intervention focused on maximizing the ability of a Veteran household to obtain and retain permanent housing. For that reason, the SSVF Program Office does not expect that most SSVF participants will experience significant changes in their financial situation during program participation. However, SSVF case management efforts begun during program participation may result in income gains after program exit, which are not included in this analysis. Grantees are required to assess participant income, identify VA and non-VA benefits for which participants may be eligible, assist them in obtaining those benefits, and help Veterans and other adult family members identify opportunities to obtain or increase income from employment.

Most of the improvement in Veteran income at exit occurred with entrants at the lowest income levels. About three in ten (31 percent) of Veterans with no income at entry exited SSVF with some amount of monthly income (4,480). Among Veterans entering SSVF with monthly incomes of \$1 to \$500, a net 1,138 Veterans exited the program with higher incomes (+22 percent). For Veterans entering the program with monthly incomes between \$501 and \$750, a net 2,244 Veterans exited

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SSVF with higher incomes (+17 percent). Among those with monthly incomes at entry of \$751 to \$2,000, a net 2,990 Veterans exited SSVF with higher incomes (+11 percent).

5.4 Satisfaction of Veterans Targeted by the Program

SSVF grantees must provide each Veteran participant with a VA-designated satisfaction survey within 30 days of the Veteran's exit from the grantee's program.

In FY 2021, participant satisfaction survey results were not available as VA's data collection system was being re-procured and transitioned to a new vendor. A new satisfaction survey vendor was secured for FY 2022, those survey results will be included in the SSVF FY 2022 Annual Report.

The most recently available participant satisfaction survey was collected from SSVF clients during FY 2020. The charts in the remainder of this section contain results from the FY 2020 survey as well as surveys from previous years. The chart below the FY 2020 results for Veteran participants' self-identified service needs.

Exhibit 5.9: Participant Self-Identified Service Needs (FY 2020)

More than 75%...		Between 50-75%...	
Reported needing this service:		Reported needing this service:	
Rental assistance	77%	Case management	74%
		Security and utility deposits	53%
		Housing counseling	50%
Between 25-49%...		Fewer than 25%...	
Reported needing this service:		Reported needing this service:	
Income support	47%	Moving costs	22%
Utility fee payment assistance	40%	Child care	4%
Daily living	35%		
Personal financial planning	34%		
Health care	34%		
Transportation	30%		
Purchase of emergency supplies	28%		

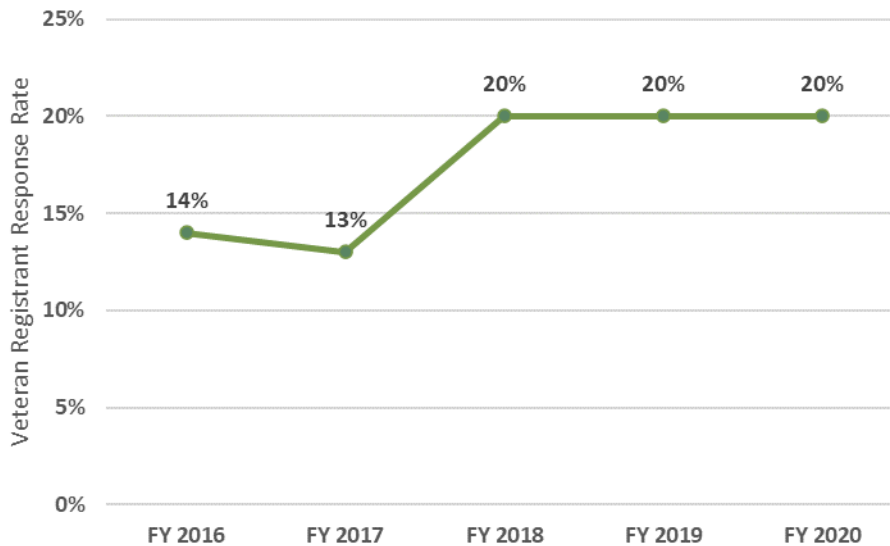
n= 7,464

SOURCE: SSVF-FY 2020 participant satisfaction surveys.

In FY 2020, SSVF Veteran exiters top reported needs were rental assistance services at 77 percent and case management at 74 percent. As only 14 percent of SSVF households had children, the lowest reported need among all SSVF Veteran exiters was childcare at eight (8) percent.

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Exhibit 5.10: Participant Response Rates (FYs 2016-2020)



SOURCE : SSVF- FYs 2016-2020 participant satisfaction surveys.

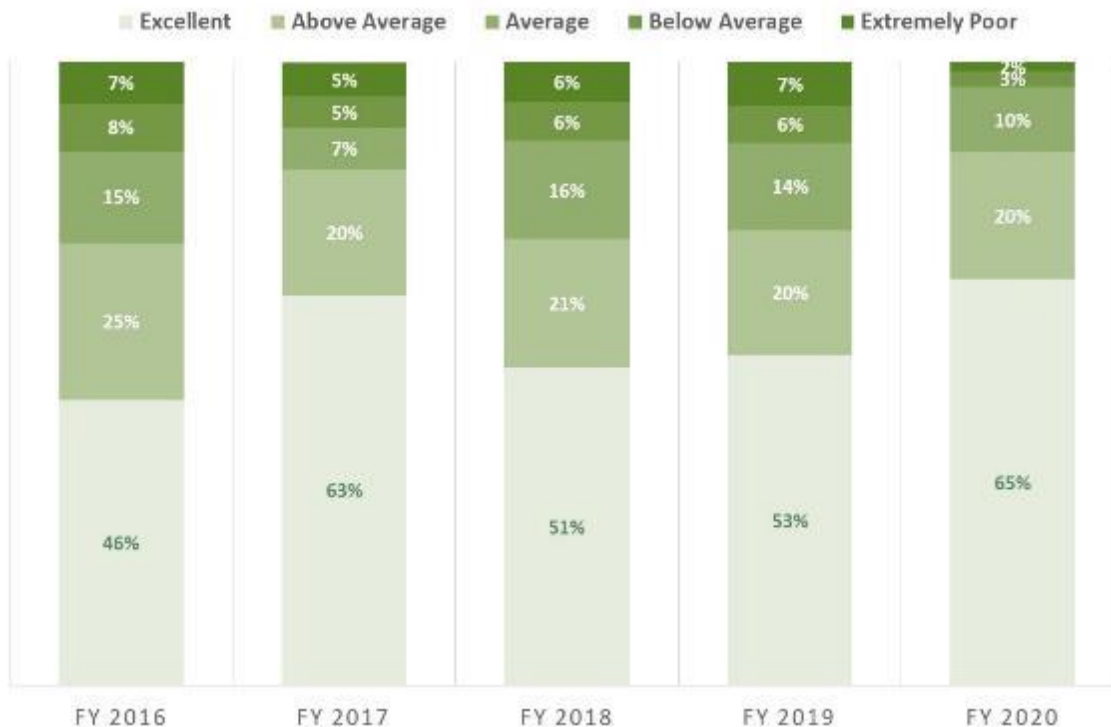
SSVF grantees register Veterans at program exit to take the participant satisfaction survey.³⁶ While participation in satisfaction survey is optional, SSVF grantees are encouraged to make the survey as accessible as possible.

In FY 2016, one in seven (or 14 percent) registered Veterans completed satisfaction surveys at program exit. In FY 2018, that response rate rose to one in five (or 20 percent) of registered Veterans. That rate remained steady through FY 2020.

³⁶ Veterans that are were enrolled in SSVF using the HUD-VASH or GPD Packet Process were excluded from registering for the survey as their participation in SSVF was far more limited that regular SSVF enrollees.

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Exhibit 5.11: Participant Overall Quality Ratings for Their SSVF Provider (FYs 2016-2020)



SOURCE : SSVF- FYs 2016-2020 participant satisfaction surveys.

Exhibit 5.11 presents a five-year look at Veteran respondents' ratings of their SSVF provider's quality of service, from FY 2016 through FY 2020. In FY 2016, 71 percent of Veteran respondents gave "Excellent" or "Above Average" ratings on their SSVF provider's quality of service. By FY 2020, 85 percent of respondents gave their SSVF provider an "Excellent" or "Above Average" rating. In the intervening years (FY 2017 through FY 2019), those higher end ratings fluctuated between 72 percent and 83 percent.

At the lower end of Veteran respondents' rating of their SSVF provider's quality of service, 15 percent of respondents gave "Extremely Poor" or "Below Average" ratings in FY 2016. By FY 2020, only 5 percent of Veteran respondents gave their SSVF provider's service quality low marks. During the middle three years (FY 2017 through FY 2019), those lower end ratings ranged from 11 percent to 13 percent.

Over the five-year period, Veteran respondents' ratings of their SSVF provider's quality of service have trended positively. Combined "Excellent" or "Above Average" ratings increased every year, except FY 2018. Meanwhile, combined "Extremely Poor" or "Below Average" ratings of SSVF provider's quality of service decreased every year over the five-year span.

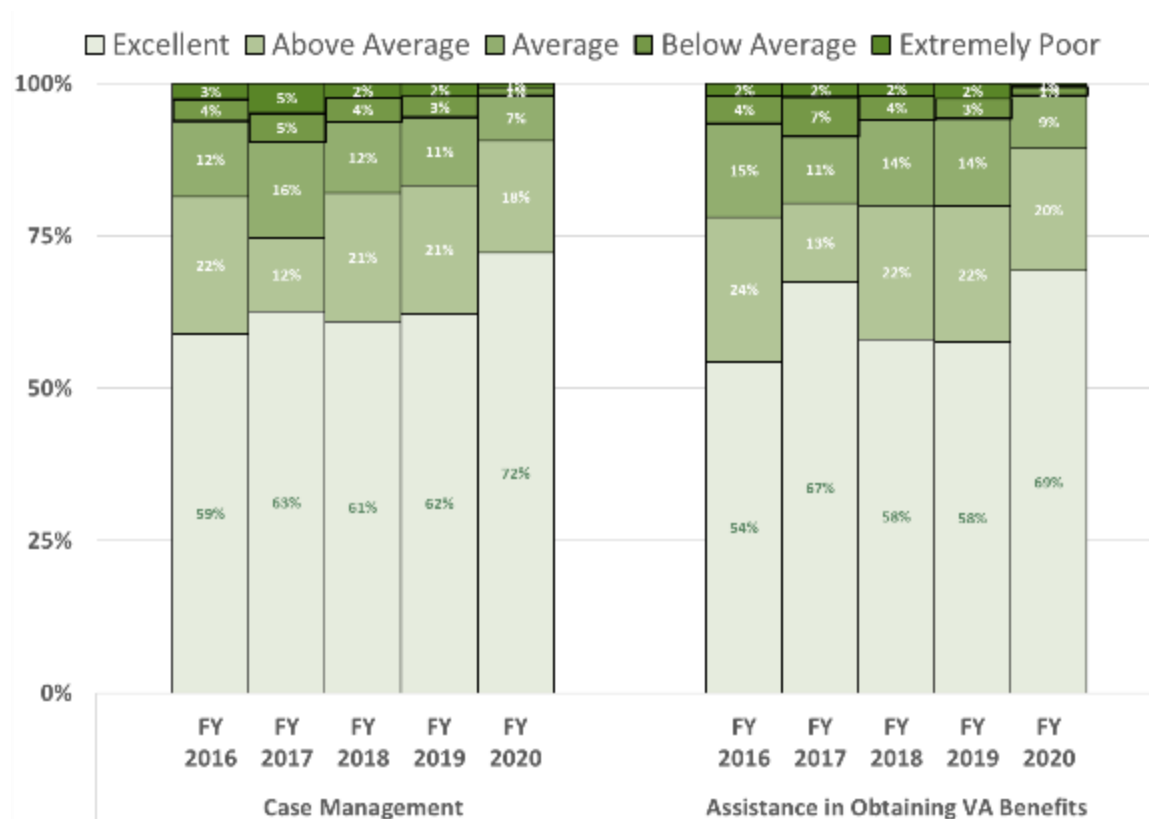
The survey also asked about the creation of individualized housing stabilization plans. The percentage of respondents that reported being involved in the creation of their individualized housing

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stabilization plan dipped from 75 percent in FY 2019 to 61 percent in FY 2020, likely due to COVID-19 program adaptations such as less in person meetings.

COVID-19 driven increases in EHA usage, higher numbers of Veterans served per month, and a shift from in-person to virtual case management, likely led to that decrease from FY 2019. The increase in FY 2020 Veteran's SSVF program participation time reflects the difficulty in developing permanent housing plans during the COVID-19 pandemic. Of Veterans who were able to participate in the creation of their individualized housing stabilization plans in FY 2020, 86 percent reported that their housing plan fit their needs.

Exhibit 5.12: Participant Rating of Case Management and Assistance in Obtaining VA Benefits' Service Quality (FYs 2016-2020)



SOURCE: SSVF- FYs 2016-2020 participant satisfaction surveys.

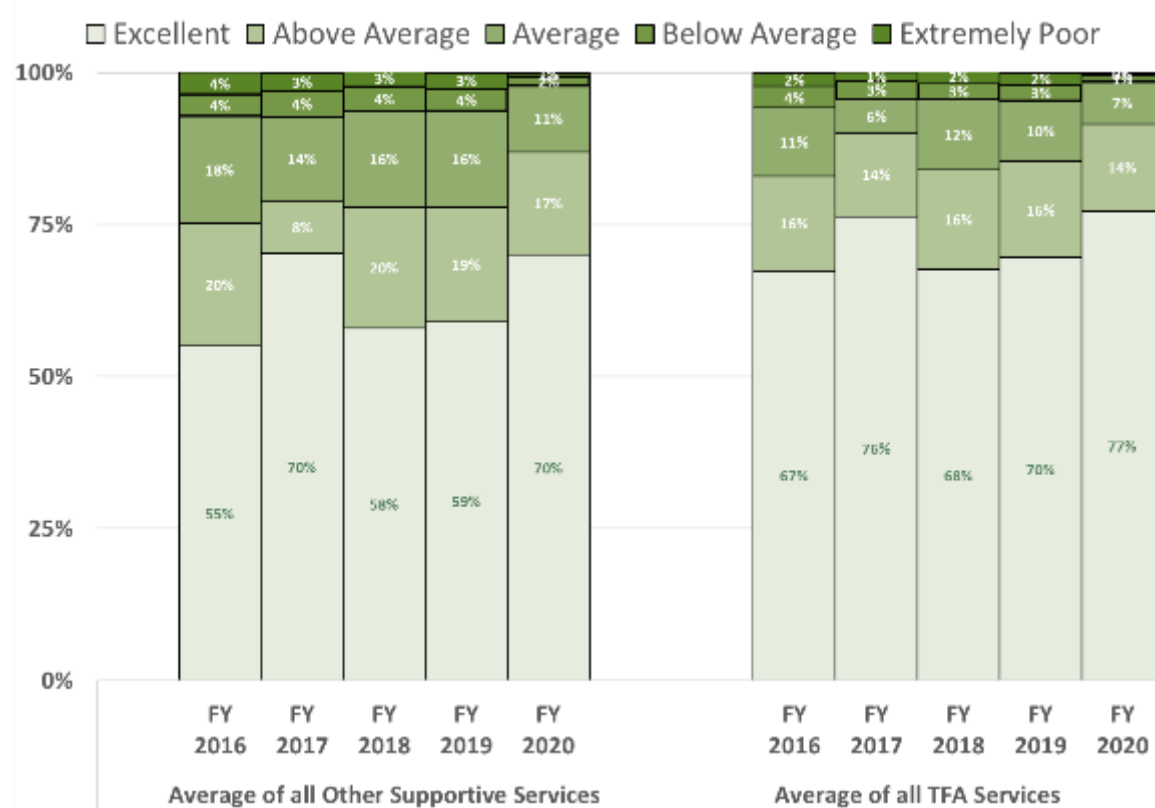
Exhibit 5.12 presents Veteran respondents' ratings of case management and assistance in obtaining VA benefits services from FY 2016 through FY 2020. The quality of these services was critical to track, as case managers work directly with Veteran households to understand their crisis situation and assist them in obtaining or retaining permanent housing. While VA benefit services (such as income assistance, employment, training, and educational resources) are often essential to sustaining those permanent housing placements.

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In FY 2016, 81 percent of Veteran respondents rated the case management services they received as either “Excellent” or “Above Average.” That high end rating of case management services dipped to 75 percent in FY 2017. However, in the following years that “Excellent” or “Above Average” ratings for case management services rose each year, to 82 percent in FY 2018, 83 percent in FY 2019, and a high of 91 percent in FY 2020.

For assistance that Veterans received to obtain VA benefits, 78 percent of Veteran respondents in FY 2016 gave that service an “Excellent” or “Above Average” rating. That high end rating for assistance obtaining VA benefits rose to 80 percent in FY 2017 and remained at that rate in FY 2018 and FY 2019; while in FY 2020, the high-end rating for assistance obtaining VA benefits rose to 89 percent of Veteran respondents.

Exhibit 5.13: Participant Rating of All Other Supportive Services and Temporary Financial Assistance Services’ Quality (FYs 2016-2020)



SOURCE: SSVF- FYs 2016-2020 participant satisfaction surveys.

Exhibit 5.13 shows Veteran respondents’ ratings of supportive services other than case management and assistance in obtaining VA benefits services, those other supportive services include housing counseling, transportation, income support, personal financial planning, legal, health care, assistance with daily living, and childcare. This wide range of other services provide specific support and

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connections as needed or wanted by the Veteran household. In FY 2016, 75 percent of Veteran respondents rated the average of all other supportive services they received as either “Excellent” or “Above Average.” That high end rating of other supportive services rose to 78 percent in FY 2017 and held steady there through FY 2019. By FY 2020, Veteran respondents rating the average of all other supportive services they received as either “Excellent” or “Above Average” rose to 87 percent.

The right side of the exhibit presents the average of Veteran respondents’ ratings for the most utilized TFA services, including rental assistance, utility fee payment assistance, security, and utility deposits, moving costs, and the purchase of emergency supplies. In FY 2016, 83 percent of Veteran respondents rated the average of TFA services they received as either “Excellent” or “Above Average.” That high end rating of TFA services rose to 90 percent in FY 2017. The percentage of Veteran respondents that rated the average of TFA services they received as either “Excellent” or “Above Average” dipped to 84 percent. In FY 2019, TFA services’ high-end rating increased slightly to 85 percent; by FY 2020, the TFA services’ high-end rating increased to a five year high of 92 percent.

Overall, Veteran respondents’ ratings of specific services shown in Exhibits 5.12 and 5.13 were higher than their overall quality rating of their SSVF provider (as shown in Exhibit 5.11). During that period, TFA services consistently received the highest ratings each year. Over the 5-year period, Veteran respondents rated TFA assistance as “Excellent” or “Above Average” at an average of 87 percent, case management services at 82 percent, assistance in obtaining VA benefits at 82 percent, and the average of all other supportive services at 79 percent.

As with the respondents’ ratings of their SSVF provider’s quality of service (shown in Exhibit 5.11), respondents’ ratings of each service category rose overall from FY 2016 to FY 2020.

5.5 SSVF and the SOAR Initiative

The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Initiative is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help enroll eligible adults at-risk for, or currently experiencing, homelessness into SSI and SSDI. To qualify, enrollees must have a mental illness, or a co-occurring substance use disorder. A reliable and sizable income source, such as SSI or SSDI benefits, often makes the difference in obtaining or retaining housing, rather than becoming or staying homeless.

The SOAR Initiative has shown impressive results in overcoming the barriers that have traditionally made it difficult for persons experiencing homelessness to obtain SSI/SSDI, including a lack of medical, employment, and educational history. Since the SOAR Initiative’s nationwide rollout began in 2006 through 2021, persons experiencing homelessness, who did not receive SOAR assistance, had their disability determination approved on initial application at an average rate of 10 to 15 percent. In 2021, persons experiencing homelessness who did receive SOAR assistance, had their

Section 5: SSVF Program Results

disability determination approved on initial application at a rate of 60 percent. After appeals, the SOAR assisted SSI/SSDI approval rate reached 65 percent.³⁷

Recognizing the value of the SOAR Initiative, VA introduced an effort to encourage SSVF grantee staff to complete SOAR training classes. In June 2019, 202 CoCs had SOAR programs in place that included SSVF grantees and 77 CoCs were in the process of implementing the SOAR model to serve their local Veterans.³⁸

In FY 2021, SSVF's participation in the SOAR initiative contributed to 568 Veterans gaining SSI or SSDI income by the time of their exit from the program. Over the next year, VA will continue to work with CoCs and SSVF grantees, particularly the new SSVF Health Care Navigators, to continue implementation of the SOAR Initiative.

5.6 Returns to Homelessness

A key measure of effectiveness for programs serving persons experiencing homelessness and those at high risk of experiencing homelessness is whether participants can avoid homelessness after they have completed participation in the program. It appears that those exiting SSVF to permanent housing have fared better in avoiding returns to VA homeless programs up to one-year post-exit when compared with a cohort of other Veterans living in poverty who have experienced homelessness previously. Approximately 7 percent of Veterans experiencing poverty in 2020 also experienced sheltered homelessness that year.^{39,40} During that same year, 6 percent of SSVF RRH Veterans in households with children returned to VA homeless programs within one year, while 7 percent of SSVF RRH Veterans in households without children returned. Given the higher likelihood of households with prior experiences of homelessness to experience homelessness again, these similar return rates over a one-year period demonstrate SSVF's effectiveness in making permanent housing placements that last.

At a national level, accurately and consistently tracking both entries and returns to the experience of homelessness is a challenging task. Researchers, funders, and government are working on developing standardized methodologies to track returns to homelessness. In the interim, and for Section 5.4 of this report, a "homeless episode" was counted only if one of the following circumstances was met: (1) a record of completion of a HOMES (an administrative database that tracks use of VA specialized homelessness programs) assessment form; (2) a record of entry into a VA-specialized

³⁷ Substance Abuse and Mental Health Services Administration, "SOAR Outcomes and Impact," retrieved December 28, 2022, <https://soarworks.samhsa.gov/sites/default/files/article/upload-files/2022-10/2021OutcomesInfographic.pdf>.

³⁸ Substance Abuse and Mental Health Services Administration, "SOAR Outcomes and Impact," retrieved December 28, 2022, <https://soarworks.samhsa.gov/article/soar-and-supportive-services-for-veteran-families-ssvf>.

³⁹ U.S. Census 2020.

⁴⁰ AHAR 2020, Part 2.

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homelessness program; or (3) a record of SSVF rapid re-housing services. Veterans who exited SSVF to permanent housing destinations were followed from their date of exit until the occurrence of their first episode of homelessness post-program participation (if any) using a 6-month lookback period to identify whether and when they experienced a homeless episode, as defined above.

To examine changes over time in returns to VA homeless programs from SSVF, this sub-section provides data on six different time-based cohorts for the comparison of SSVF Veterans returns versus VA homeless programs:

- FY 2012: 32,033 Veterans exited SSVF to permanent housing during this period⁴¹
- FY 2014: 53,388 Veterans exited SSVF to permanent housing during this period
- FY 2017: 38,370 Veterans exited SSVF to permanent housing during this period⁴²
- FY 2018: 30,428 Veterans exited SSVF to permanent housing during this period⁴³
- FY 2019: 36,679 Veterans exited SSVF to permanent housing during this period
- FY 2020: 27,974 Veterans exited SSVF to permanent housing during this period

The analysis presented in this part of the report used data collected by the SSVF program and by HOMES to assess the sustainability of housing outcomes for Veterans who exited SSVF to permanent housing destinations. The dataset used for this analysis was developed and provided by the National Center on Homelessness among Veterans (“the Center”).

Veterans were excluded from all cohorts if they had missing or invalid Social Security numbers or if their housing status at entry into the SSVF program was unknown. The resulting cohorts of Veterans were stratified into four sub-groups based on household type (Veterans in household without children versus Veterans in households with children) and SSVF service category (homelessness prevention versus rapid re-housing).

A set of statistical methods known as survival analysis was used to prospectively track these four groups to examine the timing and occurrence of episodes of homelessness following their exit from SSVF.

⁴¹ This first cohort did not consolidate SSVF reenrollments within a 30-day period to account for Veteran transfers between SSVF programs and geographical areas. All subsequent cohorts are consolidated in that manner. At the time of this report’s publication, it was not possible to consolidate this cohort to match the other cohorts’ adjustment.

⁴² This time period began one month earlier than the regular fiscal year and ended one month earlier than the regular fiscal year. Like all other returners datasets in this report, there were twelve months of permanent housing exiters included in this dataset.

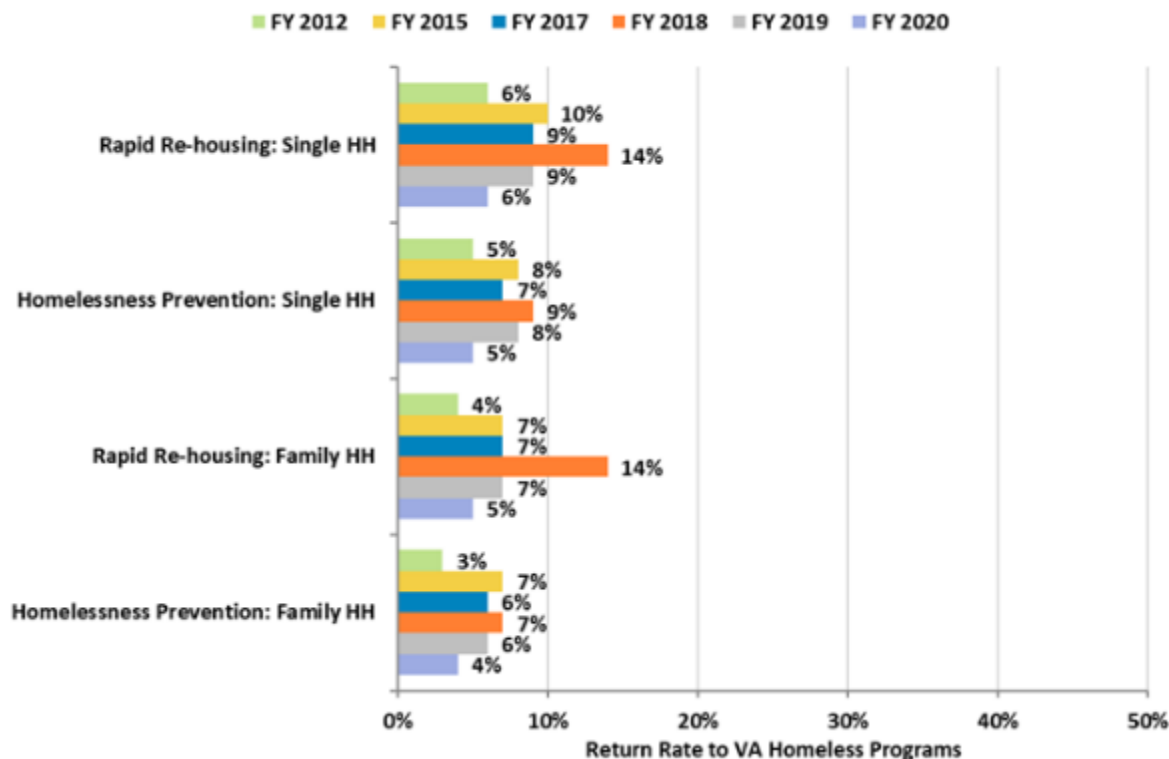
⁴³ See note 36.

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A 6-month lookback period is used in this section. As larger economic, housing market, societal, or other major factors may exert greater influence over time, we used this short time window following program exit to gauge SSVF success.

Exhibit 5.14 examines returns to VA homelessness programs at 6 months following Veterans exits to permanent housing.

Exhibit 5.14: SSVF Veterans with Permanent Housing Destination Return Rates to VA Homeless Programs, 6-month view



SOURCES: SSVF-HMIS Repository data; HOMES.

Exhibit 5.14 shows low levels of returns to VA homelessness programs by SSVF Veterans who exited to permanent housing destinations across most annual cohorts, household (HH) types, and housing assistance types at the six-month mark.

Return rates for Veterans in households with children were generally one (1) to three (3) percent lower than their Veteran counterparts in households without children in the six-month timeframe. Six months after exit from SSVF, three (3) to seven (7) percent of Veterans in households with children, who received homelessness prevention assistance, entered a VA-funded homelessness program, whereas those Veterans in households with children receiving rapid re-housing assistance returned

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homeless at a four (4) to 14 percent rate. For Veterans in households without children, five (5) to nine (9) percent returned from homelessness prevention, whereas six (6) to 14 percent returned after receiving rapid re-housing assistance.

For the latest cohort of SSVF Veterans who exited to permanent housing destinations, September 2019 through October 2020, the percentage of rapid re-housing “returners” to VA homeless programs decreased significantly within the first six months of exit. Among family households who exited SSVF rapid re-housing services to permanent housing during that period six (6) percent returned to VA homeless programs, tied for the lowest level recorded. Meanwhile, among single Veteran households who exited SSVF rapid re-housing services to permanent housing in the latest cohort, the return rate fell to five (5) percent, down from two (2) percent in the previous cohort, and nine (9) percent since FY 2018.

The COVID-19 pandemic, resulting eviction moratoriums, and other public policy responses, likely had some effect on the FY 2020 dataset, as Veteran exiters were tracked up to six months after their permanent housing exit, well into the pandemic period. For SSVF, that included extending Veteran participation time in hotels and motels with EHA and lifting the time limits on rental assistance to protect Veterans households in their care. Those protective actions likely decreased the number of Veterans in unstable housing situations exiting during the year. For FY 2020, there was a dip of either two (2) or three (3) percent in return to VA homeless program rates since FY 2019 across all household and assistance types.

Upcoming FY 2021 returners’ data will be reviewed by the Center and SSVF Program Office to get a fuller understanding of pandemic response policies (such as the national eviction moratorium and the Emergency Rental Assistance Program), and their relationship to SSVF Veteran returns to experiencing homelessness rates.

In order to gauge the effectiveness of SSVF in having HP Veterans retaining their housing after program exit and RRH Veterans avoid experiencing homelessness again, SSVF compared its returns to VA homeless program data to national sheltered and poverty data. The comparison showed that SSVF FY 2020 annualized (or 12-month post-exit) return rates were similar to the seven (7) to 10 percent of Veterans in poverty who are estimated to experience homelessness on an annual basis according to the best available data from 2012 through 2021.⁴⁴ This is a particularly important finding as it is well-established that those who have previously experienced homelessness are at higher risk of experiencing homelessness in the future. Based on these findings, SSVF appears to reduce this elevated risk.

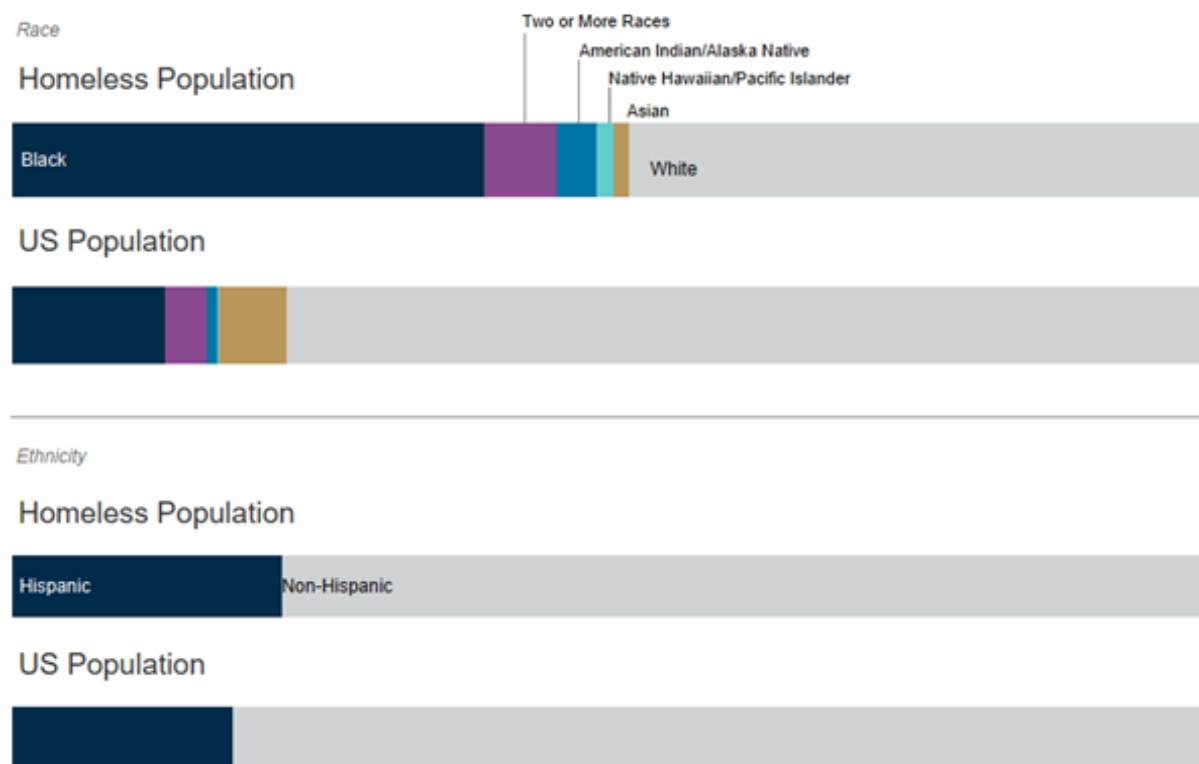
⁴⁴ “American Community Survey, 2012-2021, 1-year estimates: Age by Veteran Status by Poverty Status in the Past 12 Months by Disability Status for the Civilian Population 18 Years and Over (B21007),” *U.S. Census Bureau*. Retrieved on October 28, 2022, at <https://data.census.gov/cedsci/table?q=ACSST1Y2019.S2101&tid=ACSST1Y2021.S2101>

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5.6.1 Equity analysis of returns to homelessness data

Much of the modern homelessness crisis in the United States stems from systems and policies that incentivize discrimination on the basis of race and ethnicity. Those systems and policies include slavery, segregation, redlining, discriminatory policing and child welfare enforcement, public disinvestments in public housing, education, employment, and colorblind strategies that ignored disproportionate impacts on communities of color. For those reasons, BIPOC and ethnic Latino/a/x disproportionately experience poverty and homelessness in this country.

Exhibit 5.15: Shares of the U.S. Population and Homeless Population by Race and Ethnicity, 2020



CREDIT: National Alliance to End Homelessness⁴⁵

SOURCES: 1) AHAR; 2) US Population Data: US Census Bureau

As a result of discrimination, bias, and structural racism, we continue to see disproportionate racial and ethnic differences between the U.S. population and its population experiencing homelessness. As shown in the exhibit above, in January 2020 Black/African Americans were 13 percent of the U.S. population, but accounted for 39 percent of people experiencing homelessness, a threefold

⁴⁵ “Homelessness and Racial Disparities,” *National Alliance to End Homelessness*, Retrieved on February 6, 2022 at <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>.

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disproportionality. At the same time, 53 percent of households with children experiencing homelessness were Black/African Americans.

During the same time period, as a combined group, American Indian, Alaska Native, Pacific Islander and Native Hawaiians represent one (1) percent of the U.S. population but consisted of five (5) percent of the population experiencing. Latino/a/x are also disproportionately represented in the U.S. population experiencing homelessness. Twenty-three (23) percent of the U.S. population experiencing homelessness was Latino/a/x, while just 16 percent of the U.S. population was.

In a June 2020 webinar, SSVF National Director John Kuhn cited the legacy of systemic racism and its impact on communities of color in a call to action with grantees. He said, “it is no coincidence that 54 percent of Veterans served by SSVF were people of color. These men and women have long experienced historic inequalities that have made it more likely that they are poor, have fewer opportunities, and face housing discrimination. As SSVF providers, your work has a direct bearing on some of the most visible effects of discrimination. By lifting families out of the degradation of homelessness and preventing homelessness for those at-risk, you are working to help end one of the worst consequences of economic and social injustice.”

SSVF’s ongoing work to lead with equity will include looking at other intersectional characteristics and disparities, such as addressing the disproportionate challenges that women Veterans face when returning to civilian life, including raising children on their own or dealing with the aftereffects of military sexual trauma. Efforts to address gender inequities will also be an area of ongoing work for SSVF.

Given the centrality of racial and ethnic identities to experiencing homelessness, and VA’s commitment to end homelessness among women Veterans, the Center worked with the SSVF Program Office and technical assistance staff to generate returns to VA homelessness program data by race, ethnicity, and gender for the first time to the aid SSVF’s emphasis on equity.

This data, and future datasets, will help SSVF to better understand its Veteran clients’ experiences and outcomes as members of different identity groups. SSVF will track and use this information to inform its equity initiative.

The Center included two years of SSVF Veteran exiter information in the equity analysis dataset to increase the likelihood of accuracy and usability of each identity group’s information (FY 2019 and FY 2020).

Due to sample size constraints, and for comparative purposes, there were several significant limitations with this dataset:

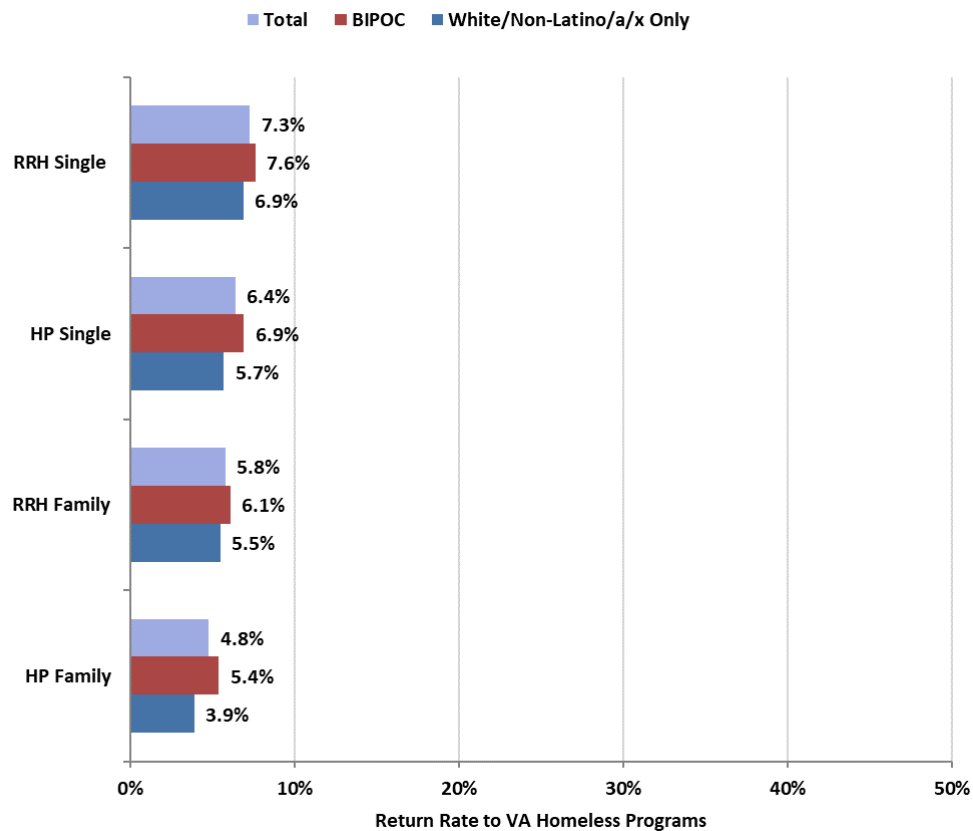
- Race data:
 - Black, Indigenous, People of Color (BIPOC) data in this section includes the following racial and ethnic groups: American Indian/Alaska Native, Asian, Black/African American, Latino/a/x, multiple races, and Native Hawaiian/Other Pacific Islander.

Section 5: SSVF Program Results

- Due to sample size limitations, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and “multiples races” groups could not be included as standalone groups. However, their data was included in the BIPOC group.
- The “Black/African-American only” Veterans group is defined as Veterans respondents that only answered Black/African American for race and non-Latino/a/x for ethnicity. This group construction was used to establish distinct comparisons with other racial/ethnic groups.
- For the same comparative purposes, the “White/Non-Latino/a/x only” Veterans group is defined as Veterans respondents that only answered White for race and non-Latino/a/x for ethnicity.
- The Latino/a/x Veterans group consists of Veterans respondents that answered Latino/a/x for ethnicity, regardless of race selected.
- Gender data:
 - Transgender and gender non-conforming responses were excluded from the dataset. The Center did not provide that data due to sample size concerns. Without being able to view that data, disparities with those groups’ outcomes were not possible to identify or quantify.

Section 5: SSVF Program Results

Exhibit 5.16: SSVF Veterans, BIPOC and White/non-Latino/a/x only Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view



n=64,653

At six months after exit, across all service and household type combinations, BIPOC Veteran permanent housing exiters had higher rates of return to VA homeless programs than the total group and the white/non-Latino/a/x only group.

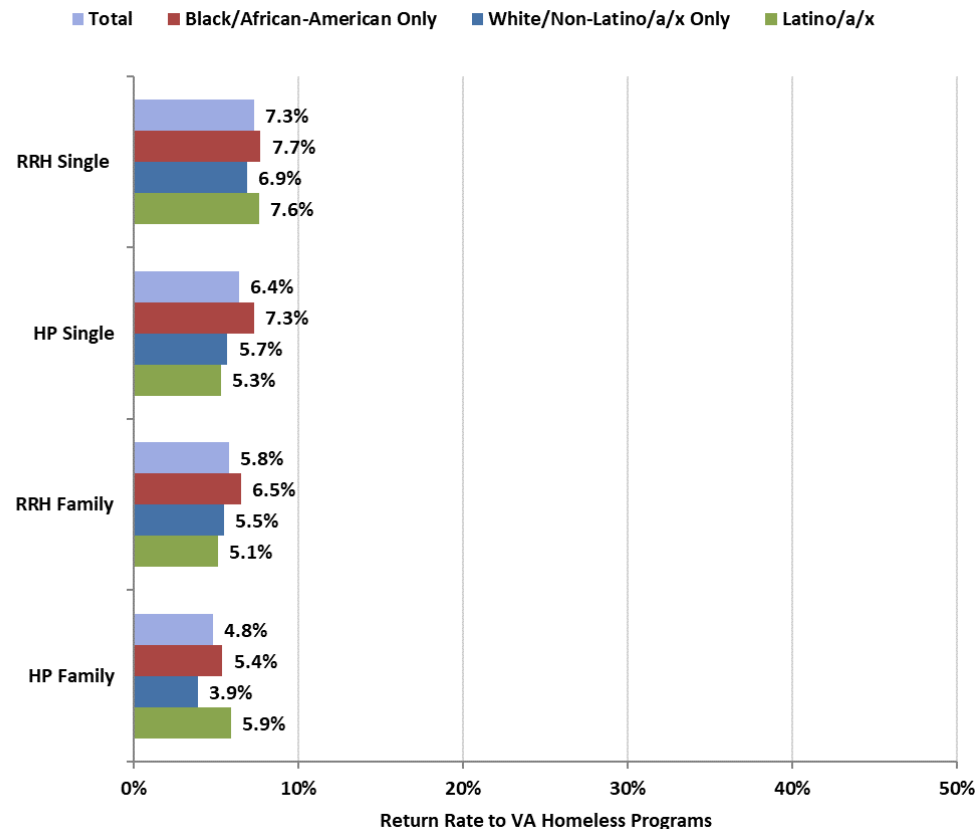
Compared to the white/non-Latino/a/x only group, BIPOC Veteran rates of return were between 0.6 percent and 1.5 percent higher. Put differently, the average BIPOC Veteran who exited SSVF to permanent housing was between 10 and 31 percent more likely to return to VA homeless program within six months (depending on project and household type), compared to their white/non-Latino/a/x only counterparts.

The biggest disparities were in homelessness prevention outcomes. Of BIPOC Veterans in households with children that exited homelessness prevention services, 5.4 percent entered a VA homeless program within six months of exit, compared to 3.9 percent of their white/non-Latino/a/x counterparts. Similarly, for BIPOC Veterans in households without children that exited homelessness prevention services, 6.9 percent entered a VA homeless program within six months of exit, compared to 5.7 percent of their white/non-Latino/a/x only counterparts.

Section 5: SSVF Program Results

The BIPOC Veteran group had consistently higher rates of return than the total group, over the six-month time period, ranging from 0.3 percent higher (RRH single) to 0.6 percent higher (HP family).

Exhibit 5.17: SSVF Veterans, by Race with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view



n=64,653

Building on the last exhibit, Exhibit 5.16, this exhibit disaggregates BIPOC Veteran exiters to permanent housing data to show Black/African American only and Latino/a/x comparisons with the total and white/non-Latino/a/x groups. For the Black/African American only grouping, that includes only Veterans that identified Black/African American and no other race or ethnicity group.

At six months after exit, across all service and household type combinations, Black/African American only Veteran permanent housing exiters had higher rates of return to VA homeless programs than the total group and the white/non-Latino/a/x group. Compared to the white/non-Latino/a/x only group, Black/African American Veteran only rates of return were between 0.8 percent and 1.6 percent higher. Put differently, the average Black/African American Veteran who exited SSVF to permanent housing was between 12 and 38 percent more likely to return to VA homeless programs within six months (depending on project and household type), compared to their white/non-Latino/a/x only counterparts.

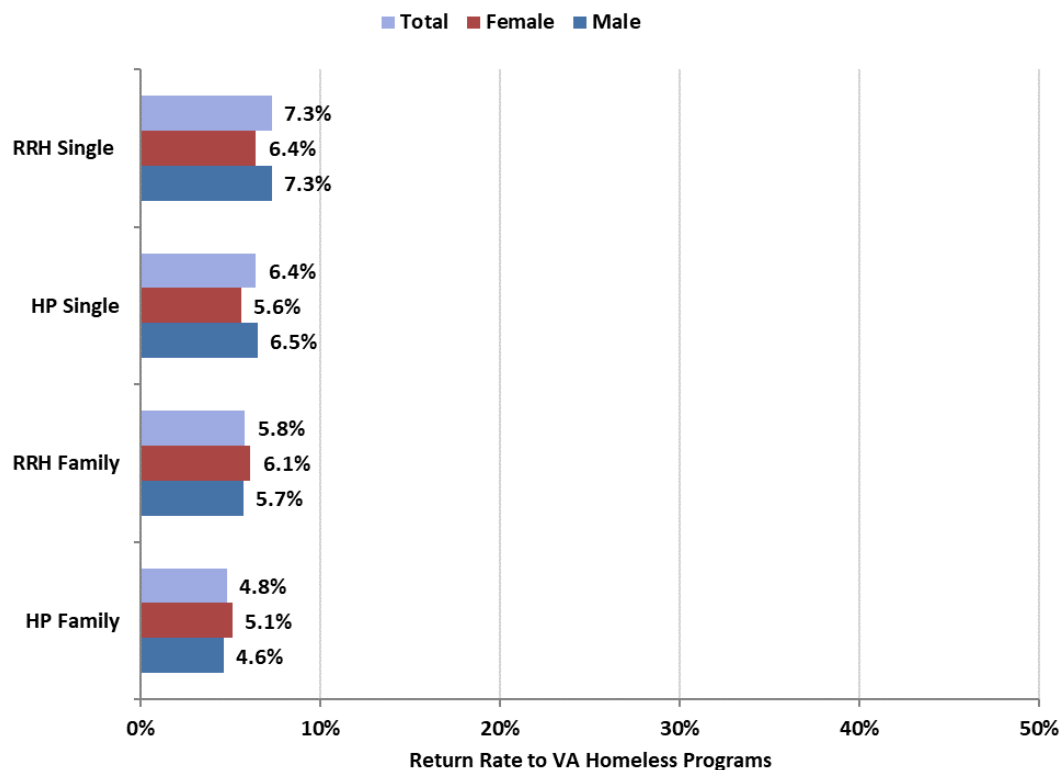
Section 5: SSVF Program Results

The biggest disparities for the Black/African American only group were in homelessness prevention outcomes. Of Black/African American only Veterans in households without children that exited homelessness prevention services, 7.3 percent entered a VA homeless program within six months of exit, compared to 5.7 percent of their white/non-Latino/a/x only counterparts. Similarly, for Black/African American only Veterans in households with children that exited homelessness prevention services, 5.4 percent entered a VA homeless program within six months of exit, compared to 3.9 percent of their white/non-Latino/a/x only counterparts.

The white/non-Latino/a/x only group had consistently lower rates of return than the total group, over the six-month time period, ranging from 0.3 percent (RRH family) to 0.9 percent lower (HP family).

Latino/a/x Veteran permanent housing exiters had varying rates of return to VA homeless programs compared to other groups. Return rates for Latino/a/x/o Veteran permanent housing exiters from RRH households with children and HP households without children had the lowest rates of return at 5.1 percent and 5.3 percent, respectively. However, Latino/a/x/o Veteran permanent housing exiters from HP households with children had the highest return rate at 5.9 percent, two full percentage points above the white/non-Latino/a/x group. For RRH households without children, Latino/a/x/o Veteran permanent housing exiters were 0.7 percent above the white/non-Latino/a/x only group.

Exhibit 5.18: SSVF Veterans, by Gender with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view



n=64,653

Section 5: SSVF Program Results

This exhibit examines Veteran return rates to VA homeless programs by gender, six (6) months after exit from permanent housing. It presents gender data by SSVF assistance types (HP and RRH) and household types (households with children and households without children).

Six months after an exit to permanent housing, female Veterans in households with children had higher rates of return to VA homeless programs than male Veterans in those same household types. Among female Veterans in households with children from homelessness prevention, the return rate was 0.5 percent higher than male Veterans from the same situation; similarly, the return rate was 0.4 percent higher for female Veterans in households with children who exited to permanent housing from rapid re-housing services compared to their male counterparts.

It is common for women Veterans in households with children to not have any spousal or partner support while raising children. Recent SSVF data (from FY 2018) showed that among SSVF households with children that included a woman Veteran, 73 percent had no other adult in the household, while U.S. census data showed that non-payment or only partial payment of child support. Those situations may account for some of the differences in return rates. National and state family childcare and income support programs limitations have not filled the practical support gaps that these women and their households face.

For households without children, male Veterans had 0.9 percent higher return rates than female Veterans from both rapid re-housing and homelessness prevention services.

Section 6:

SSVF Shallow Subsidy Service

This section describes the SSVF's Shallow Subsidy pilot initiative and service. Additionally, this section includes information of the Shallow Subsidy service's usage by assistance type, demographics, and key outcomes.



Section 6: SSVF Shallow Subsidy Service

6.1 Overview of SSVF's Shallow Subsidy Service

In 2018, the SSVF Program Office, in conjunction with SSVF TA, conducted a review of intermediate-term rental subsidy efforts. That review included an overview of active rental subsidy programs operating in New York City, Washington D.C., and Los Angeles. Through that review, the SSVF Program Office identified promising practices in a new type of rental subsidy arrangement known as a shallow subsidy.

In October 2019, the SSVF Program Office launched a Shallow Subsidy two-year pilot initiative as part of SSVF's response to the continuing affordable housing crisis. The Shallow Subsidy pilot was initiated in select communities with high rental costs and low vacancy rates.

SSVF shallow subsidies provide fixed rental assistance TFA to low-income Veteran households enrolled in SSVF's rapid re-housing or homelessness prevention assistance programs. Utility assistance, security/utility deposit, transportation assistance, moving assistance, general housing stability assistance, and childcare TFA can also be provided to Veteran households receiving shallow subsidies, if needed.

The goal of the service is to help Veterans stabilize in housing and increase their income with the provision of two-years of fixed rental assistance; that assistance is provided without the quarterly income certification required of Veterans under traditional SSVF.

SSVF uses a progressive engagement approach for potential Veteran households to be enrolled in the shallow subsidy service. This means that SSVF grantees initially provide the least amount of assistance Veteran households need to help them obtain or maintain their permanent housing, and then scale that assistance to increased or decreased intensity as needed throughout the engagement. Consistent with this approach, it is generally assumed that Veteran households are first engaged with traditional rapid re-housing or homelessness prevention assistance prior to being offered the Shallow Subsidy service. That said, SSVF grantees were advised that there are no standardized expectations of how long a Veteran household should be receiving traditional SSVF assistance before transitioning to a shallow subsidy, as this is determined on an individualized basis.

The Shallow Subsidy is intended to augment and expand housing subsidy resources to meet the needs of Veteran households who are most in need and could benefit from a low barrier, minimal support engagement that will help the household be able to sustain housing once the rental assistance has ended. Grantees worked within their local communities (such as their CoCs, VAMCs and other SSVF grantees) to identify the appropriate level of rental support based on the local housing market and memorialized this in a community agreement. SSVF has partnered with DOL's Homeless Veterans' Reintegration Program (HVRP), a Veteran-specific employment and training program, in the communities where there is a HVRP program, to co-enroll and coordinate assistance to participants so that they may reach economic self-sufficiency by the end of the two-year rental subsidy.

Section 6: SSVF Shallow Subsidy Service

Eleven communities struggling with high rates of homelessness and low availability of affordable housing were selected to participate in the pilot initiative. Starting in FY 2020 and continuing through FY 2021, SSVF grantees in the following eleven communities across five states/districts participated in the pilot initiative:

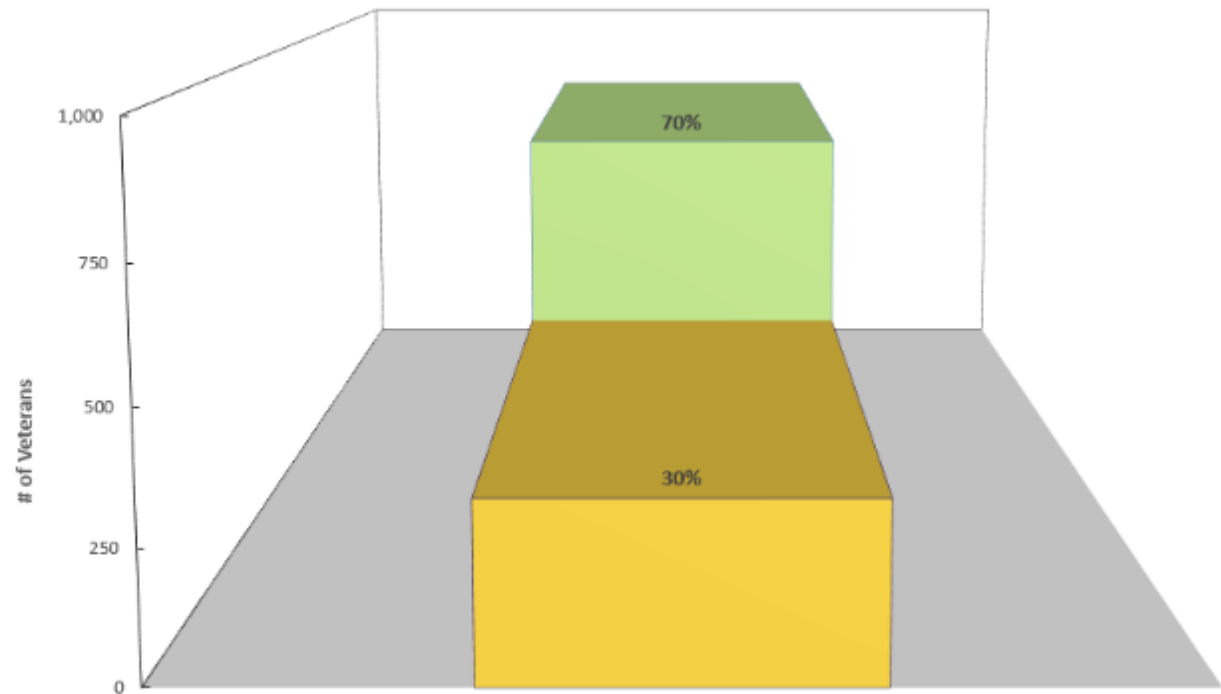
- California: Alameda (including Oakland), Contra Costa, Los Angeles, San Diego, San Francisco, and Santa Clara counties
- District of Columbia: Washington
- Hawaii: Honolulu County
- Illinois: Cook County
- New York: New York City (all five boroughs)

On August 5, 2021, VA published a national authorization to expand the SSVF Shallow Subsidy Initiative. The authorization permitted grantees that were not part of pilot communities to start supporting Veterans with shallow subsidies once they completed their Memorandum of Agreement (MOA). This change allowed some Veterans in non-pilot communities to be served during FY 2021.

Throughout FYs 2020 and FY 2021, the SSVF Program Office and SSVF TA worked closely with each of the selected communities to launch and implement the pilot initiative. Grantees in the selected communities were provided with direct and group TA, Shallow Subsidy guidance materials, community planning tools, office hours, and webinars. Assistance requests and promising practices among the pilot initiative grantees were tracked by SSVF TA for inclusion in future resources. Guidance, webinar recordings, and tools for the Shallow Subsidy initiative can be found at <https://www.va.gov/homeless/ssvf/ssvf-initiatives>.

Section 6: SSVF Shallow Subsidy Service

Exhibit 6.1: SSVF Veterans Served with Shallow Subsidies by Assistance Type, FY 2021



	Veterans Served with Shallow Subsidies
■ Rapid Re-housing	775
■ Homelessness Prevention	339
■ Unduplicated Total	1,113

n= 1,113

SOURCE: SSVF-HMIS Repository data.

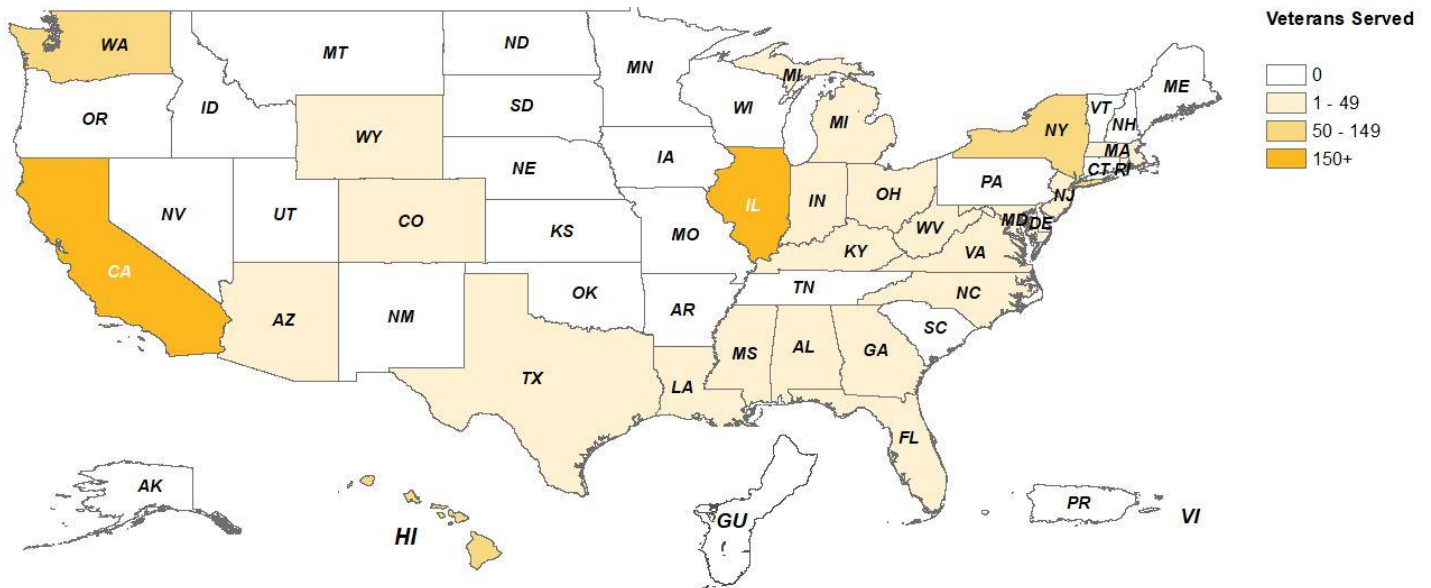
During FY 2021, 1,113 Veterans who were served by SSVF also received shallow subsidy services. Of SSVF Veterans who received shallow subsidy services in FY 2021, 70 percent (or 775) were experiencing literal homelessness at entry into SSVF and received rapid re-housing assistance; the remaining 30 percent of Veterans (or 339 Veterans) were imminently at-risk of experiencing literal homelessness at program entry and received homelessness prevention assistance. Only one (1) Veteran received shallow subsidy services while receiving both rapid re-housing and homelessness prevention assistance during the FY.

6.2 Demographics of SSVF Veterans Served with Shallow Subsidies

FY 2021 marks the second and final year of SSVF's shallow subsidy pilot program. This section of the report reviews the scale of the pilot service's reach in FY 2021, and its Veteran participants' geography and demography, including their race, gender, and ages compared to all SSVF Veterans.

Section 6: SSVF Shallow Subsidy Service

Exhibit 6.2: Map of SSVF Veterans Served with Shallow Subsidies, FY 2021



n= 1,113

SOURCE: SSVF-HMIS Repository data.

Veterans in twenty-four U.S. states and the District of Columbia were served with SSVF Shallow Subsidy pilot program services during FY 2021, including all regions of the country. California had the largest number of Veterans served (504) with SSVF shallow subsidy services during FY 2021, followed by Illinois (229), Washington (83), New York (72), the District of Columbia (62) and Hawaii (60). Nineteen other states served the remaining 103 Veterans with shallow subsidy services in FY 2021.

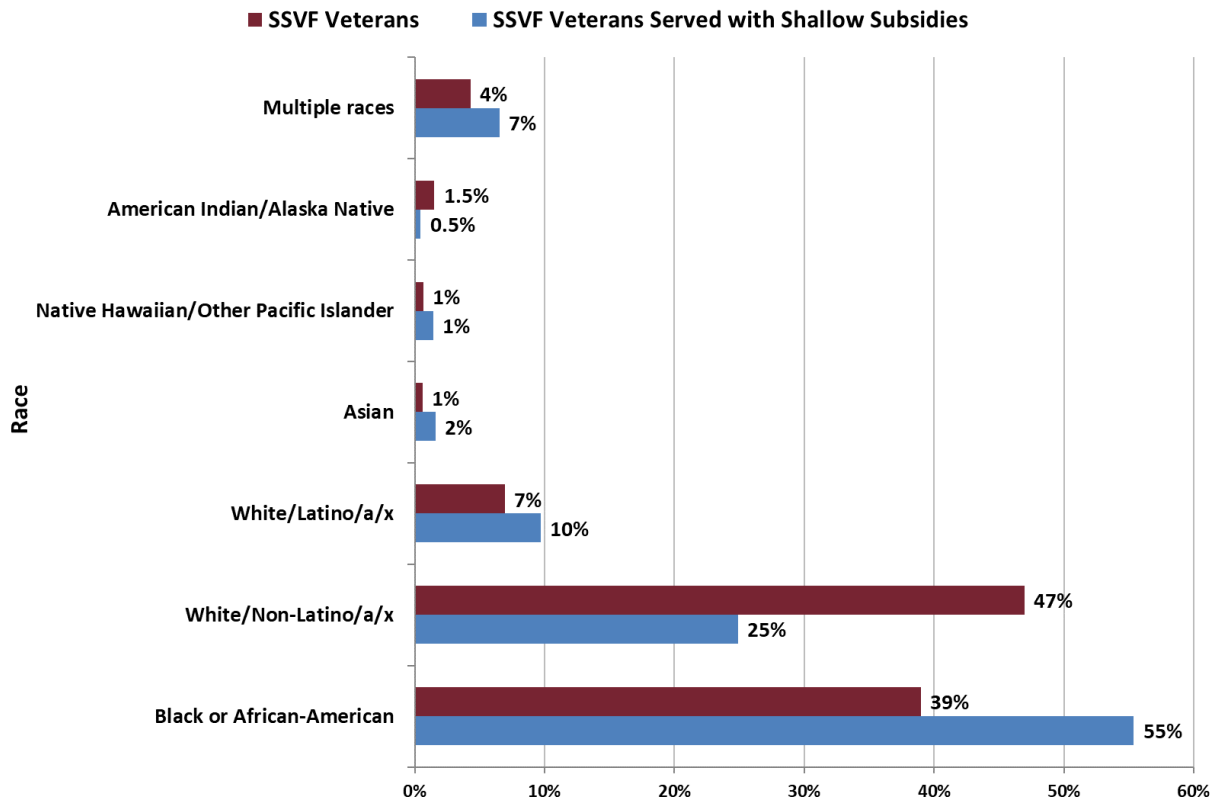
Shallow subsidy pilot services were utilized by SSVF Veterans in all regions of the country. The West (649), Midwest (236), and the Southeast (143) saw the most Veterans enrolled in shallow subsidies during FY 2021, while Northeast (77) and Southwest (9) each had under 100 Veterans served with shallow subsidy services.

Overall, 87 percent of SSVF Veterans Served with Shallow Subsidies were located in five states/district areas where the pilot initiative was based.⁴⁶

⁴⁶ This figure includes SSVF Veterans Served with Shallow Subsidies located in Maryland and Virginia served by District of Columbia (Washington D.C.) grantees. Maryland and Virginia are considered part of the District of Columbia metropolitan area.

Section 6: SSVF Shallow Subsidy Service

Exhibit 6.3: SSVF Veterans Served with Shallow Subsidies by Race, FY 2021



SSVF Veterans= 80,924

SSVF Veterans Served with Shallow Subsidies= 1,193

SOURCE: SSVF-HMIS Repository data.

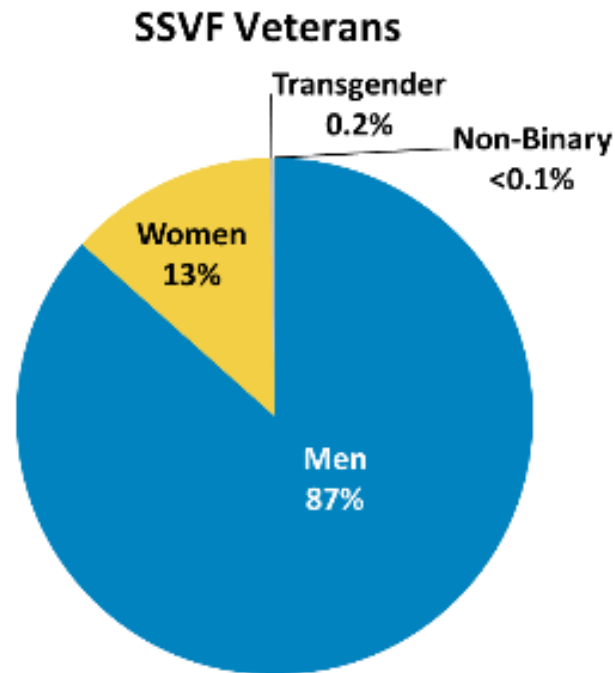
Among SSVF Veterans served with Shallow Subsidies in FY 2021, the largest racial group served were Black or African American Veterans at 55 percent of total. The second largest racial group among SSVF Veterans served with Shallow Subsidies was white/non-Latino/a/x Veterans at 25 percent of total. White/Latino/a/x Veterans made up 10 percent of SSVF Veterans served with Shallow Subsidies. The remaining 10 percent of SSVF Veterans Served with Shallow Subsidies were from the following racial groups: multiple races (7 percent), Asian (2 percent), Native Hawaiian/Other Pacific Islanders (1 percent), and American Indian/Alaska Native (0.5 percent). Overall, BIPOC Veterans made up three quarters (75 percent) of all SSVF Veterans served with Shallow Subsidies.

Differences in racial composition of the SSVF Veterans served with Shallow Subsidies and the SSVF Veterans groups were likely the result of the pilot program's limited geographic reach in FY 2021. As noted earlier, the vast majority (87 percent) of SSVF Veterans Served with Shallow Subsidies were located in states/districts where the pilot program communities were based. The

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largest Shallow Subsidy pilot communities had disproportionately higher percentages of BIPOC Veteran homelessness compared to white/non-Latino/a/x Veteran homelessness.

Exhibit 6.4: SSVF Veterans Served with Shallow Subsidies by Gender, FY 2021



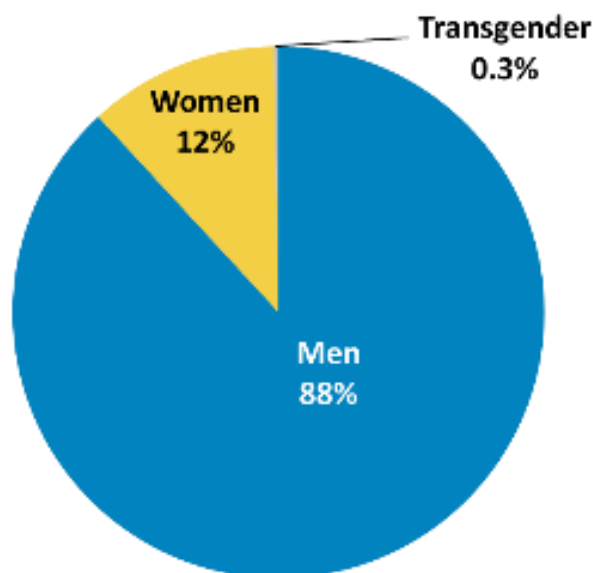
NOTES

SSVF Veterans = 80,924

SSVF Veterans Served with Shallow Subsidies = 1,193

SOURCE: SSVF-HMIS Repository data.

SSVF Veterans Served with Shallow Subsidies

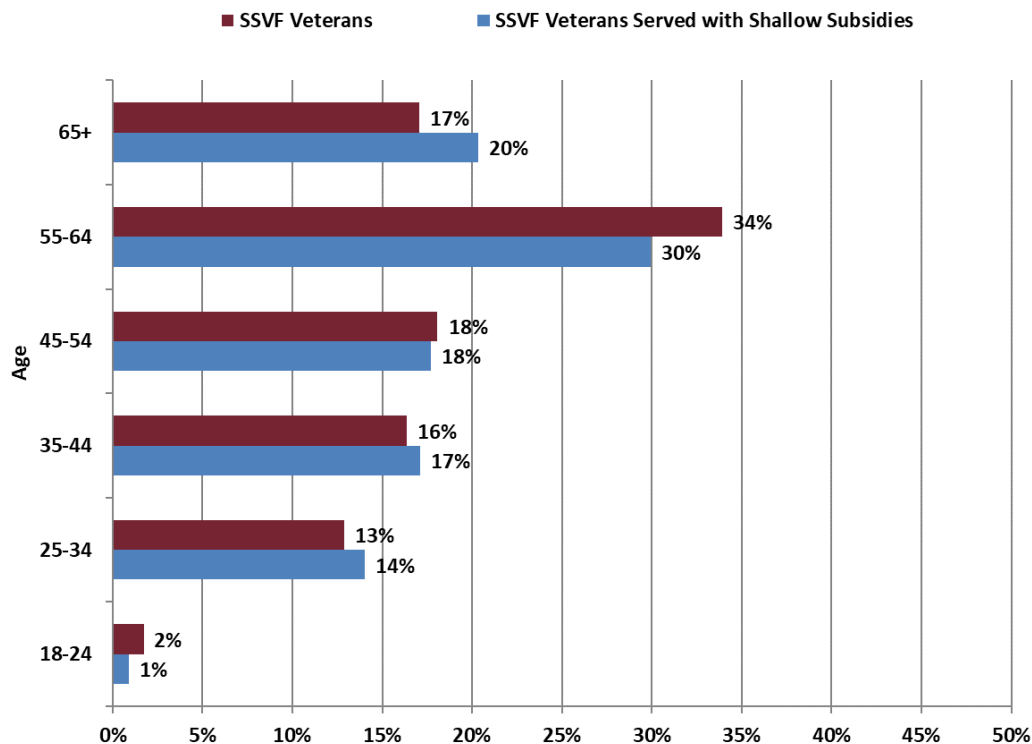


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Among SSVF Veterans served with Shallow Subsidies in FY 2021, about seven in eight (88 percent) were men, while about one in eight (12 percent) were women and 0.3 percent were transgender.

The Shallow Subsidy Veterans gender identity percentages were nearly the same as the total SSVF Veterans' group. Gender differences between the SSVF Veterans served with Shallow Subsidies group and all SSVF Veterans group amounted to 1 percent or less for each gender identity.

Exhibit 6.5: SSVF Veterans Served with Shallow Subsidies by Age, FY 2021



SSVF Veterans= 80,924

SSVF Veterans Served with Shallow Subsidies= 1,193

SOURCE: SSVF-HMIS Repository data.

Among SSVF Veterans served with Shallow Subsidies in FY 2021, half (50 percent) were ages 55 and over, while half (50 percent) were ages 18 to 54.

The Shallow Subsidy Veterans age group percentages were slightly older than the SSVF Veterans served percentages. The Veterans aged 65 years and older group was 3 percent higher for the SSVF Veterans served with Shallow Subsidies (at 20 percent of total) than for the SSVF

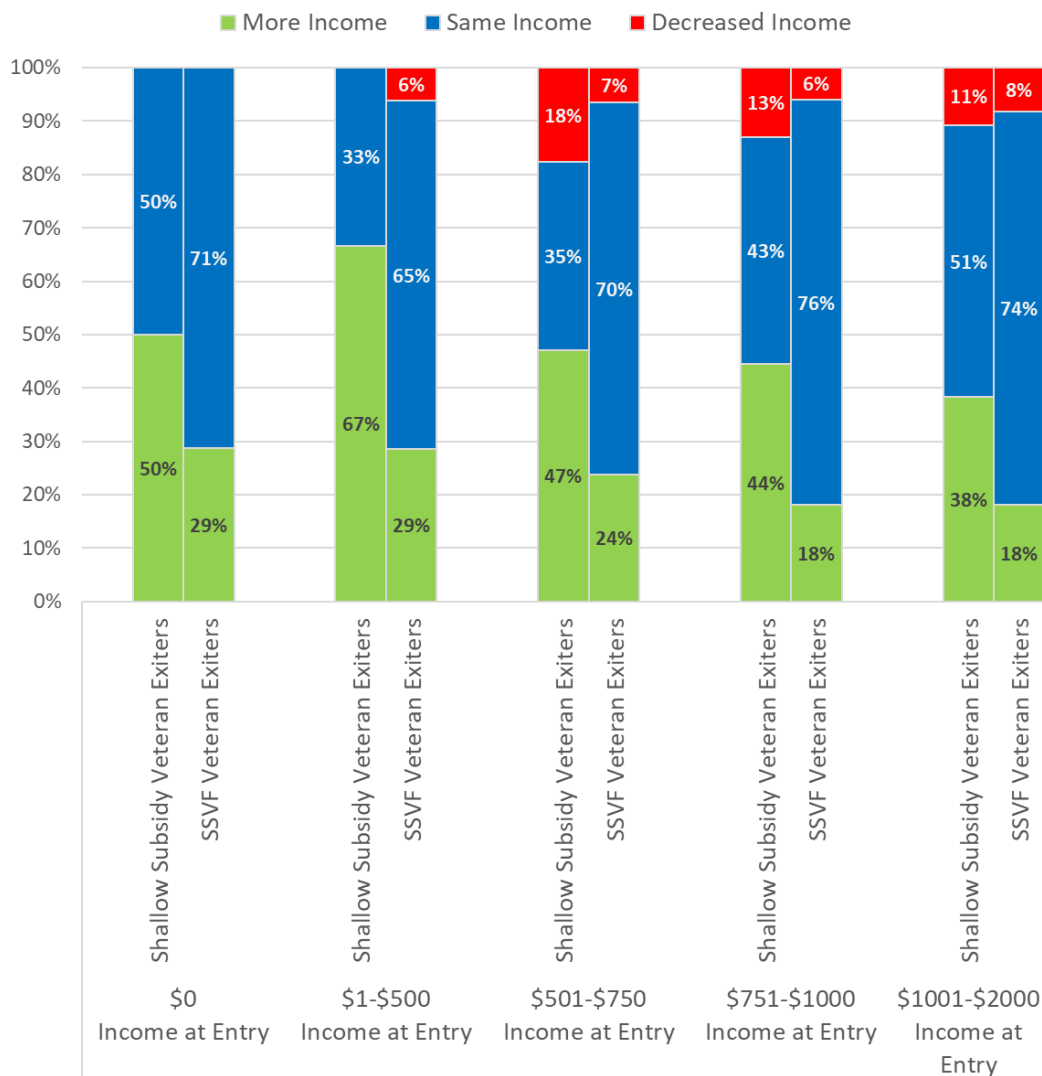
Section 6: SSVF Shallow Subsidy Service

Veterans group (at 17 percent of total). Meanwhile, the SSVF Veterans served with Shallow Subsidies aged 55 to 64 years group (at 30 percent of total) was 4 percent lower than the same age group from all SSVF Veterans (at 34 percent of total). Otherwise, all age groups had a 1 percent or less difference between the SSVF Veterans served with Shallow Subsidies and the SSVF Veterans group.

6.3 Income Changes for SSVF Veterans Served with Shallow Subsidies

SSVF Shallow Subsidy Veteran exiter data from FY 2021 and the first six months of FY 2022 shows promising results. The preliminary data indicates that Veteran exiters who received shallow subsidy service were able to increase their income more than the average Veteran exiter. For that time period, the two graphs below compare exiting Veterans who received shallow subsidies to all exiting Veterans.

Exhibit 6.6: Shallow Subsidy Veteran Income Changes, October 2020-March 2022



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SSVF Veterans Exiters= 60,493

SSVF Veterans Exiters Served with Shallow Subsidies= 319

SOURCE: SSVF-HMIS Repository data.

As shown in Exhibit 6.6, half (50 percent) of Veterans who entered SSVF with no income and received shallow subsidy services exited with increased income, compared to 29 percent of all exiting Veterans – a 21 percent difference. Meanwhile, two-thirds (67 percent) of Veterans who entered SSVF with \$1 to \$500 and received shallow subsidy services exited with increased income, compared to 29 percent of SSVF exiters who increased their income at exit from this income range. The \$751 to \$1000 and \$1001 to \$2000 groups of shallow subsidy services exiting Veterans also saw income improvements over all exiting Veterans group, albeit to a lesser extent. Overall, this preliminary data shows promising income increases for Veterans who receive SSVF Shallow Subsidy service. These income increases should help improve exiting Veterans' financial housing stability after exit.

6.4 Next Steps

In August 2021, the SSVF Program Office received word that Shallow Subsidy funding would be available for a national expansion, supported by \$200 million from the American Rescue Plan. This meant that grantees in all 50 states, Puerto Rico, Washington, D.C., the Virgin Islands, and Guam were authorized to offer two-year rental subsidies.

In FY 2022, VA will move to publish its interim final rule on SSVF shallow subsidies to provide a more effective subsidy to veterans in high-cost rental markets. This rule will be based on pilot program experiences and recent research on rental market changes and low-income household rent burdens.

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SSVF Program Implementation and Technical Assistance

In FY 2021, the SSVF program continued its operation with a total of 251 grantees, covering nearly every community in the country. Virtual technical assistance (TA) activities continued to support community response to the COVID-19 pandemic and standard service provision. TA aimed to maintain specialized supports to grantees on how to help Veterans during the COVID-19 pandemic, ensuring Veterans had access to the COVID-19 vaccine and supporting housing stability for Veterans housed through rapid re-housing or homelessness prevention. This section will focus on FY 2021 TA efforts, and ongoing modification in program services in response to COVID-19. Additional detail of SSVF TA's COVID-19 response efforts is described in Section 2 of this report.

The SSVF Program Office supported on-going program implementation and community coordination to end Veteran homelessness, as well its introduction of new and innovative services to meet the evolving needs of Veterans who were at risk of or were experiencing literal homelessness. SSVF grantees, VA personnel, and TA partners continued to enhance SSVF's programmatic role in implementing innovative practices and in convening local stakeholders around a shared vision and community plan for ending homelessness among Veterans.

SSVF TA continued to focus on supporting local and national efforts to end homelessness among Veterans and the coordination efforts required to meet those goals. While most TA was provided was conducted online from remote settings, some TA activities returned to in person support during the last quarter of the year. Throughout FY 2021, TA continued to drive the successful implementation of new program initiatives and supported SSVF grantees as they worked to shelter and house Veterans during the global pandemic. Lastly, SSVF published a series of tools and resources to support grantee and local efforts; that included materials focused on community planning and coordination, the expansion of the program's Shallow Subsidy service, the tracking of the COVID-19 vaccine distribution, and updates to the program's homelessness prevention screener.



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7.1 General Coordination and Technical Assistance

In FY 2021, SSVF Program Office, including the SSVF Regional Coordinators (RCs), developed technical assistance and training frameworks to address the COVID-19 public health emergency, new initiatives including increased collaboration with other VA homeless programs, and general fiscal and operational guidance.

In addition, SSVF RCs continued to provide program-level TA to VA-identified grantees experiencing significant compliance or program practice deficiencies.

The SSVF Program Office also contracted with the SSVF Technical Assistance team, made up of staff from the Technical Assistance Collaborative (TAC) and Abt Associates, to provide additional general and community-level support around program best practices, equity, and data, with an emphasis on ensuring Veteran safety during the COVID-19 public health crisis, as well as addressing barriers to housing placement that the pandemic intensified. The U.S. Department of Veterans Affairs (VA) also continued to devote significant technical assistance (TA) resources to helping grantees better coordinate assistance with local VAs, CoCs, and community partners

Throughout FY 2021, SSVF TA providers provided support to communities in remote formats, such as webinars, office hours, and Communities of Practice (CoPs), which are organized around a specific topic with a limited number of participants over four to six sessions to facilitate local planning and problem-solving. These engagements allowed for a wide range of TA and training, relevant both to SSVF specifically, and to larger community planning and implementation processes. In addition, direct TA engagements provided an opportunity for VA to leverage the tools, promising practices, and approaches developed for the initiatives implemented during FY 2021 and learned over the years and apply those lessons to locally driven planning processes. TA providers, working with SSVF VA staff, provided both demand-response and ongoing TA specifically designed to help local grantees and their partners establish thoughtful, action-oriented, tailored community plans and implement those plans using the innovative practices SSVF has developed in recent years.

For ongoing compliance, quality improvement, and performance support, grantees had access to compliance preparation and monitoring tools, in addition, the VA SSVF compliance review process is available at <https://www.va.gov/homeless/ssvf/compliance>.

In the SSVF Compliance Corner of the SSVF Program Updates staff published answers to frequently asked compliance questions, its topics included allowable administrative cost and eligible income. In addition to weekly publications, the SSVF Program Office hosted national webinars and compliance sessions at the Program Manager Academy to bolster overall program compliance.

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As of FY 2021, Financial Operational Fitness Assessment (FOFA) visits continued with biannual assessments of grantees operations in compliance with program requirements.

7.2 Training

SSVF TA providers provided multiple types of training during FY 2021, all in a virtual format to ensure safety during the continuation of the COVID-19 pandemic. Most trainings were in webinar format, but the SSVF Program Office also developed and managed the 2022 Permanent Housing Conference.

In FY 2021 the SSVF Program Office and SSVF TA Team recommitted to training new SSVF program managers and conducted the fourth annual Program Manager Academy (PMA) for new grantee staff in June 2021. Due to the continuing COVID-19 pandemic, this PMA was conducted virtually over several days, with 1,089 SSVF program managers attending sessions on Coordination with VA Homeless Programs, Rooting Equity in Program Design, and Data Quality and Implementation, as well as a variety of other topics pertinent to managing the SSVF programs locally. Program manager feedback was positive and the SSVF Program Office and SSVF TA Team worked to plan PMAs in future fiscal years.

7.2.1 Webinars

Over this fiscal year, the VA SSVF Program Office at its TA partners provided 29 webinar sessions, including webinars to support implementation and changes in programmatic services like Shallow Subsidy, homelessness prevention, health care enrollment and navigation, and EHA. Most webinars were attended by 250 to 750 attendees and featured presentations from SSVF Program Staff, Regional Coordinators, TA providers, and SSVF grantees. Grantees were featured on webinars when possible and all webinars were posted on the SSVF website so that grantees could go back and listen or use them for training new staff.

7.2.2 2020 Permanent Housing Conference

From November 9-20, 2020, the SSVF and Program Office, as well as a number of community providers, grantees, federal partners, and HPO and VAMC staff, presented 16 sessions on topics as wide ranging as “Hotel to Housing: Housing Surge Initiatives” to Providing Culturally Sensitive Services to Native American Alaska Native Veterans” and “Digging Deep: Data Informed Planning and Action”. Between 700 and 1,300 people attended each of the virtual 90-minute sessions, which were eligible for Continuing Education Credits (CEUs). Sessions were recorded and posted online so they could be used as resources moving forward.

Evaluations collected at the conclusion of SSVF conferences provided consistently positive feedback about the event’s success in increasing participants’ understanding of the topics

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discussed. SSVF TA providers delivered reports for the conference summarizing grantee evaluation feedback and comments. The SSVF TA providers then shared these reports with VA SSVF Program Office staff and leadership, and they were used to help guide TA planning efforts throughout the year.

7.3 Tools and Products

From the beginning of the program, SSVF TA has developed tools and products to support SSVF grantees in their program implementation and community planning efforts. A number of these resources are publicly available and can be found at www.va.gov/homeless/ssvf/ssvf-education.

In FY 2021 new tools and products included:

- A suite of products designed to support SSVF housing placement and program collaboration during COVID-19 including:
 - SSVF and GPD Co-enrollment guidance,
 - Creative Staffing Strategies,
 - SSVF and VA Homeless Program Hotel/Motel Case Conferencing, and
 - COVID-19, Emergency Housing Assistance and VA Homeless Program Coordination Fact Sheet
- HMIS Support including:
 - The FY 2021 VA Data Guide
 - The creation of the SSVF Data Quality Summary Report
 - Data related webinars to support data quality improvement, and fiscal year closeout and start-up planning
- An equity and social justice webinar series including the launch of a SSVF Equity Report with full FY 2020 data
- Shallow Subsidy expansion guidance tools and webinars
- A revised homeless prevention screening tool, as well as a training series and implementation guidance documents
- An updated SSVF Program Guide

In addition to the list above, the SSVF Program Office published the SSVF and HUD-VASH Collaboration Tool, providing guidance to communities establishing policies and procedures for new flexibilities that allow each program to collaborate to rapidly move homeless Veterans into permanent housing.

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In ongoing response to the COVID-19 pandemic SSVF and TA published guidance on best practices and care coordination in its Health Care Navigator set of materials.

The Housing Skills Practice Center learning management system (LMS), a self-paced interactive online learning opportunity, offered an updated training module on rapid re-housing direct service, new staff, and HCN trainings. Other LMS training modules included, VA Health Care System 101, Professional Boundaries, SSVF National S.A.V.E. Training, and Income and Employment Supports.

7.4 Direct TA

Much of the technical assistance provided to SSVF grantees is provided through national webinars and general guidance documents, but often grantees require specific, direct technical assistance. This assistance was provided virtually in FY 2021 and on an “on demand” basis.

7.4.1 Grantee Technical Assistance

SSVF Program Office and TA staff were often asked to engage directly with SSVF grantees to provide technical assistance on program operations and special initiatives. This technical assistance usually took the form of virtual meetings where issues were discussed, and TA staff and grantees worked together to resolve issues.

There are a handful of large cities with substantial numbers of Veterans experiencing homelessness that have had dedicated technical assistance staff for several years. These cities include Los Angeles, New York, Washington D.C., and Chicago. The engagement with these cities shifted during FY 2021 with the SSVF Program Office priorities and initiatives.

7.4.2 VAMC/CoC Coordination

The COVID-19 pandemic highlighted a number of ways that SSVF grantees, CoCs, and VA Medical Centers could improve coordination to ensure Veterans are housed quickly and with all available supports. SSVF TA staff facilitated conversations at the local level and worked with the SSVF Program Office to issue guidance when needed. These conversations also continued or built on previous Communities of Practice that SSVF TA staff facilitated in FY 2020.

7.4.3 HMIS TA

SSVF provides Homeless Management Information System (HMIS) TA to support grantee uploads to VA’s national HMIS data repository (called HMIS Repository), integrate data quality and data usage into SSVF webinars and conferences, help grantees identify opportunities to more equitably serve Veterans, and to provide data-derived insights and knowledge.

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SSVF HMIS TA continued to provide HMIS TA to grantees in FY 2021. On a monthly basis, TA supported the submission of grantees uploads to the HMIS Repository. That included the creation of geographic- and project type-specific upload slots, the monitoring of data quality issues, troubleshooting with grantees, HMIS administrators and HMIS vendors, and tracking of each grantees' upload status. TA staff also developed support tools for grantees to better understand and use their data, including the VA Data Guide (FY 2021), the SSVF Monthly Report Guide (released January 2021) and SSVF Data Quality Summary Report Documentation (released May 2021).

TA staff also participated in content development and the presentation of HMIS data quality and practice information during FY 2021 at SSVF's Program Manager Academy (June 2021) and at 5 SSVF webinars held during the year.

To help grantees to serve Veterans more equitably, SSVF HMIS TA worked with SSVF Regional Coordinators and other technical assistance staff to create and disseminate grantee specific SSVF equity reports of FY 2020 data disaggregated by race and ethnicity during FY 2021. The aim of this effort was to assist grantees with ensuring that the existing systemic and structural disparities, which have already been exacerbated by COVID-19, were appropriately understood, monitored, and addressed so that all Veterans could be served equitably.

HMIS TA staff also helped to support the VA and the SSVF Program Office by providing them with analyses of EHA, Shallow Subsidy, HCN, data quality issues, demographic data, and other important information. Often, these analyses were used by SSVF and VA to identify areas for program and practice improvement and technical assistance including tool development, to assist with federal/VA partner collaboration, or to fulfill congressional requests.

7.5 Special Initiatives

As the need arises, the SSVF TA team is asked to work with the SSVF Program office on special initiatives. These are larger projects where the SSVF Program Office asks the TA team to draw on their policy and community-level expertise to help SSVF implement significant changes to the program. In FY 2021, the SSVF Program office tasked the TA team with helping implement a new homelessness prevention screener and expanding health care navigation services nationwide.

7.5.1 HP Screener

In FY 2021, VA, in partnership with the U.S. Department of Housing and Urban Development (HUD), and with the support of the TA team, updated the SSVF homelessness prevention screener. The revised screener, finalized and launched in FY 2022, on October 1, 2021, was based on a full-scale review of existing evidence on what characteristics make

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individuals and families most likely to experience homelessness. The updated tool reflected factors and scoring metrics that aligned with the available research.

A key element of this update included obtaining input from both grantees and Veterans with lived experience and expertise about the tool and their thoughts about its effectiveness, as well as ways to improve the screening process to ensure it is Veteran-centered. To obtain this feedback, the TA team completed listening sessions with selected grantees to obtain their feedback prior to the launch of the new tool. An additional listening session with Veterans with a history of housing instability provided TA staff an opportunity to more completely understand assessment processes and engagements from a Veteran-centered perspective, including changes to elements of the tool that could reduce trauma and improve assessment quality.

The draft version of the tool emphasized some of the most predictive factors of homelessness, according to available research. It was beta-tested in late FY 2021 with a group of approximately ten grantees as an opportunity to refine the tool and guidance. The testing process included training on the new tool, use of the tool, tracking of scoring comparisons for Veterans assessed using the new tool and the tool in use at that time, and regular feedback sessions with grantees to make necessary tweaks to the factors, scoring and language contained in the screener and support documents.

Two webinars in September 2021 familiarized grantees with the new tool and accompanying guidance prior to the launch of the tool on October 1, 2021.

Some specific changes to the tool included:

- Refinements to the rapid resolution section to reflect preferred language and allow for a fluid conversation with Veterans to determine if there was an opportunity to resolve their housing crisis.
- Changes in scoring to reflect factors most likely to lead to homelessness, including past history of homelessness and past evictions.
- A new scoring metric that acknowledged and accounted for the overrepresentation of BIPOC, and Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual, or more (LGBTQIA+) Veterans experiencing homelessness.
- Expanded guidance on how to obtain the necessary information to score the screener in a way that is Veteran-centered, and trauma-informed.

7.5.2 HCN

The COVID-19 public health crisis amplified the need for VA homeless programs to improve their overall coordination and linkages with health care services. SSVF Health Care Navigators (HCNs) work with VA Medical Centers (VAMCs) and other health care systems

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to ensure appropriate care coordination for Veterans. HCNs work to connect Veterans to health care (within the Veterans Health Administration or external health care providers), and support health care plans by identifying barriers to care, assisting in accessing care, and providing education on wellness related topics. and support health care plans by identifying barriers to care, assisting in accessing care, and providing education on wellness related topics.

In FY 2021, SSVF expanded health care navigation services nationwide, funded by the CARES Act. The SSVF Program Office partnered with TA providers to offer webinars, communities of practice, online courses, and other guidance to aid implementation of health care navigation services. These trainings educated SSVF grantees about the aging of the SSVF population served, disparities and inequities in access to care and outcomes for BIPOC Veterans and provided strategies to ensure health care navigation support was Veteran-driven.

In March of 2021, the SAVE LIVES Act authorized VA Medical Centers to provide all Veterans access to COVID-19 vaccinations, regardless of VA health care status. HCNs played a significant role ensuring that Veterans were connected to VAMCs for vaccines that combatted further spread of the disease.

SSVF grantees also leveraged health care navigation resources to bolster housing stabilization for clients engaged in longer-term rental assistance.

7.6 Federal Partnerships

This year, SSVF continued strategic coordination with the U.S. Department of Labor's Homeless Veterans' Reintegration Program (HVRP) to build on promising practices that pairs longer term rental subsidies like Shallow Subsidy with employment and training programs, creating pathways to housing stability for Veterans beyond program enrollment. Grantees received training, education, and technical assistance to support collaborative efforts.

SSVF also partnered with VA homelessness programs to enhance SSVF and HUD-VASH coordination. The partnership emphasized expanded local engagement and collaborative care to expedite housing placement. Pilot service coordination began with co-enrollment with select grantees to expedite utilization and lease up rates for Veterans with HUD-VASH vouchers.

To meet ongoing health and safety needs in response to the COVID-19 pandemic, VA partnered with HUD and USICH to strategically leverage financial resources, specifically through provisions of the CARES ACT, to address housing needs among the Veteran population.

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In FY 2022, SSVF will advance work with federal partners to align care coordination efforts, ensuring a comprehensive community response to ending homelessness for Veterans.

7.7 Practice Standards and Accreditation

VA continued to emphasize the importance of using the SSVF practice standards to guide program design and fidelity to the SSVF core practices. The SSVF standards describe core program features and evidence-based practices around rapid re-housing and homelessness prevention across a range of program elements. Once they were published in FY 2013, VA was able to share the SSVF standards with three primary accreditation bodies—Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), and the Joint Commission. These relationships began in the FY 2013 SSVF Program Notices of Funding Availability (NOFAs), which allowed for multi-year funding awards for grantees accredited through CARF or COA, starting in FY 2014. Grantees could become accredited through the Joint Commission starting in FY 2016.

Further, in FY 2014, VA and other key stakeholders participated on an International Standards Advisory Committee (ISAC) with CARF to draft a new set of homelessness prevention and rapid re-housing standards that have since been incorporated into CARF's Employment and Community Standards accreditation process. The SSVF standards were a basis for ISAC's discussions and CARF formally incorporated them into its accreditation process on January 1, 2015. During this same period, COA also developed and adopted updated standards pertaining to rapid re-housing and homelessness prevention with input from the SSVF Program Office, VA TA providers, and other subject matter experts.

By the end of FY 2021, 132 grantees received accreditation from CARF and/or COA. VA considers accreditation a clear demonstration that these grantees operate their organizations and programs with a distinct level of professionalism and with fidelity to SSVF's program model. See Appendix 3 for a complete list of accredited SSVF grantees.

7.8 Next Steps

In the coming fiscal year, VA will continue to leverage its resources to provide program-based TA while supporting the program's unique role in leading and driving local efforts to end homelessness among Veterans. VA will continue to work closely with other VA homelessness programs and federal partners, including HUD, U.S. Department of Labor/Veterans' Employment and Training Service (DOL/VETS) and USICH, to support SSVF grantees as they provide a growing suite of services during the COVID-19 pandemic and ensure a coherent, coordinated approach to supporting direct community-level efforts to end homelessness among Veterans.

SSVF TA closely coordinated with national efforts to address the risk of serious illness and death from COVID-19 and this coordination will continue to allow for a consistent approach

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to TA and other support relevant to safe shelter and housing during the pandemic and ending homelessness among Veterans across federal programs and initiatives. As the pandemic continues into FY 2022, SSVF will focus on supporting grantees to incorporate additional public health measures including continued vaccine implementation and ensuring that SSVF services are delivered through an equity lens to reduce disparities in Veteran homelessness.

Finally, SSVF will continue to issue guidance and offer trainings to meet the growing need for targeted, effective rapid re-housing and homelessness prevention services. As part of this work, VA's primary TA partner, the Technical Assistance Collaborative, continues to refine an online learning management system named the Housing Skills Practice Center which allows for interactive, dynamic online training opportunities targeted to both management and direct service staff. The learning management system updates are being implemented in a phased approach, and all SSVF grantees will have access to the learning modules.

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CLIENT SUCCESS STORIES

Lexington Park, MD – Robert Johnson is a U.S. Army Veteran. In 2020, Mr. Johnson was employed at a local school.

In mid-2020, Mr. Johnson tested positive for COVID-19. Due to the restrictions and guidelines in place at the time, he was not able to resume work for many weeks. This left him without an income and unable to pay his rent. Without that income, Robert was asked to leave the home where he was renting a room.

That led Mr. Johnson to leaving his home and staying in a shed on a friend's property. The shed had electricity, which allowed him to plug in a space heater during the winter months and he also had access to a bathroom. Once the summer months arrived, Robert's living conditions took a turn for the worse. With rising temperatures and no air conditioning, Mr. Johnson's sought help.

His local VA referred Robert to Three Oaks Center, an SSVF provider. The grantee enrolled Mr. Johnson into its SSVF rapid re-housing program; after assessing his situation, the first action the grantee took was to assist him to move from the uninhabitable shed into an EHA-funded hotel room.

Mr. Johnson was eager to find permanent and stable housing, particularly to have a safe home for his children to be able to visit.

The Veteran and his case manager worked together to create an individual service plan that included a stable employment goal and a goal for his children to be able to move in with him once housed. With SSVF benefits enrollment and case management support, Robert was able to quickly meet his employment goal. With full time employment Mr. Johnson was able to get approved for an apartment lease.

Three Oaks Center was able to assist him with the security deposit and first month's rent in order for him to move in. Robert initially moved into his new home without many household items. Three Oaks Center was able to connect him with the resources needed to furnish his home, including household essentials.

In FY 2021 Mr. Johnson transitioned to SSVF's Shallow Subsidy service. It is allowing him to build up some savings because the shallow rent subsidy covers a steady portion of his rent and living costs. Robert continues to be employed full time and has recently earned a promotion. Most importantly, Robert's children have now moved in with him and are thriving at their school.

Section 8: Conclusion

This section provides a concluding review of the FY 2021 SSVF program year, including COVID-19 changes, key program results and program supports, and upcoming service strategies for FY 2022.



8.1 FY 2021 Overview

Before COVID-19 became a global pandemic, SSVF provided grantees assistance with community planning and coordination to develop community approaches to preventing and ending Veteran homelessness.

In FY 2021, SSVF's 251 grantees assisted 81,043 Veteran households consisting of nearly 117,000 people. The year saw increases in the numbers of households (+3 percent), total persons (+3 percent), and Veterans (+2 percent) served by SSVF compared to FY 2020. These modest increases since FY 2020 were due to SSVF's continuing response to the COVID-19 pandemic. When compared to FY 2019 data, the year before the COVID-19 pandemic started, SSVF served about 10,000 more Veterans in FY 2021.

Grantees provided rapid re-housing services to 54,354 Veteran households experiencing homelessness, comprising of 69,038 persons, through their partnerships with emergency shelters, transitional housing programs, street outreach, and other homeless assistance providers, as well as VA homeless services such as the GPD and HCHV programs. Grantees provided homelessness prevention assistance to 29,576 Veteran households consisting of 48,758 persons. A small number of households (2,887) received both types of assistance.

Over the last ten years, cumulatively, SSVF grantees assisted 741,183 households, consisting of 1,137,626 people. Sixty-nine (69) percent of SSVF households received rapid re-housing assistance over the ten years, whereas 33 percent received homelessness prevention assistance. One (1) percent of households received both assistance types.⁴⁷

8.1.1 COVID-19 Response

The COVID-19 pandemic exacerbated the health and safety risks of people experiencing homelessness or at literal risk of experiencing homelessness, while complicating their path towards housing stability. SSVF sustained its initial actions, which created flexibilities to ensure the health and safety of Veteran households experiencing homelessness. The program built upon the initial efforts to assist HUD-VASH-connected Veterans and extended housing assistance for Veterans in rapid re-housing and homeless prevention.

Ongoing Stafford Act Flexibilities

On March 13, 2020, the Stafford Act Emergency Declaration for COVID-19 was invoked by the federal government. SSVF was able to use Stafford Act flexibilities to make needed program adaptations that addressed the heightened risks faced by Veteran households experiencing homelessness or at-risk of homelessness, including 1) time limit waivers for EHA, 2) a funding

⁴⁷ The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household. SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation as the result of domestic violence.

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and time limit waiver for rental and utility assistance, 3) a lifting of food assistance limits, 4) a waiving of the budget percentage cap on homelessness prevention spending, and 5) a waiving of the TFA budget limit.

Maintaining the elimination of limits on EHA TFA during FY 2021 enabled speedier placements of Veteran households into non-congregate emergency shelter, often in hotels and motels. Funding and time limit waivers for rental and utility assistance also meant that SSVF could provide assistance to Veterans in who might otherwise not been able to maintain housing in rapid rehousing and prevention due to economic challenges and employment uncertainty that COVID-19 created. This was also true for Veterans who transition from EHA to permanent housing during the year. In FY 2021, SSVF estimates that 14,602 Veterans had stays in EHA-funded hotels or motels.

Funding Usage

In support of SSVF's COVID-19 efforts, SSVF grantees utilized \$443 million of CARES Act 1.0, 2.0 and 3.0 funds in FY 2021. Overall, SSVF FY 2021 financial expenditures rose to \$633 million, a 17 percent increase over the prior year. Those funds in addition to regular SSVF grant funds received in FY 2021 enabled grantees to implement and sustain these flexibilities, including EHA. The percentage of TFA expenditures used for EHA expenses rose from three (3) percent in FY 2019 to 32 percent in FY 2020 to 43 percent in FY 2021.

8.1.2 Program Results

Overall, SSVF maintained positive program results in FY 2021. Seventy-five (75) percent of exiting Veterans left to permanent housing destinations, with an average length of participation of 182 days (26 weeks).

Veterans who exited to permanent housing, and were served with SSVF rapid re-housing, took an average of 85 days (about 12 weeks) to exit homelessness to permanent housing and, on average, another 120 days (about 17 weeks) to exit the program.

However, there were notable COVID-19-related effects on SSVF program results in FY 2021. Compared to FY 2019, the year before the COVID-19 pandemic started, the numbers of Veterans served increased by 15 percent (+10,328 Veterans served), while length of participation time among Veteran exiters increased by 53 percent (+62 days).

The extent to which SSVF served more Veterans in FY 2020 and FY 2021 than in FY 2019, was the result of increased rates of Veterans entering services between May and September 2020. Many Veterans who entered SSVF during that period in FY 2020 continued to be served by SSVF in FY 2021.

The significant increase in length of participation for FY 2021 resulted from the expansion of EHA services and longer participation times in rapid re-housing, allowed by Stafford Act

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waivers. The EHA expansion enabled Veterans and their household members to remain in safe hotels and motel locations, but lengthened exiters' stays.⁴⁸

8.1.3 FY 2021 Technical Assistance Efforts

Throughout FY 2021, SSVF TA providers and the SSVF Program Office worked virtually with grantees, and a range of communities needing TA and training, on furthering Veteran planning and implementation processes relevant to SSVF specifically or larger communities. During this fiscal year, the community planning efforts emphasized ensuring access to housing programs despite the challenges of the COVID-19 pandemic. To that end, SSVF TA organized, staffed, and produced content for a Program Manager Academy, a Permanent Housing Conference, webinars, and office hours events. Additionally, SSVF TA provided direct technical assistance to cities with large numbers of Veterans experiencing homelessness to maximize program impact.

In November 2020, the SSVF Program Office, along with Federal Partners, the SSVF TA Team, VA Medical Center staff, and SSVF grantees presented 16 sessions during the first ever virtual Permanent Housing Conference. Sessions covered a wide range of topics, were eligible for CEUs, and each were attended by 700 to 1,300 people.

In June 2021, the SSVF Program Office supported the fourth annual SSVF Program Manager Academy. Due to the challenges of in-person training during this time due to COVID-19, the academy was offered virtually. The two-day virtual conference provided trainings to new program managers on critical topics such as Customer Service: Access, Triage, Response; Coordination with VA Homeless Programs; Rooting Equity in Program Design and Data Quality and Implementation.

SSVF Program Office and TA staff provided extensive virtual support to grantees throughout FY 2021. National webinars held by SSVF, and TA staff were critical for the safe sharing of critical information. During much of FY 2021, SSVF conducted weekly or bi-weekly Office Hours, supported by TA staff, to address the constantly changing COVID-19 pandemic. Between regularly scheduled and ad-hoc webinars, the VA SSVF Program Office and TA staff supported 29 national webinars. These webinars had 250 to 750 attendees, featuring presentations from SSVF Program Staff, Regional Coordinators, TA providers, and SSVF grantees. Often, FY 2021 webinars addressed SSVF programmatic implementation support, promising practices sharing, and changes to its services such as Shallow Subsidy, homelessness prevention, health care enrollment and navigation, and EHA.

Another key element of SSVF TA during FY 2021 was the support provided through virtual office hours, which helped to standup elements of SSVF that were direct responses to the COVID-19 pandemic. This included virtual office hours to support the effective implementation

⁴⁸ As length of participation is only measured for Veterans who exited the system, pandemic related stays are expected to increase in FY 2021, as Veterans were served for longer periods to protect their health and safety during FY 2020 start to exit the program.

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of the health care navigator role, as a key element of the SSVF services team. Office hours provided an opportunity to understand the role of the navigator and how to assimilate the position into the existing SSVF structure. Office hours support also focused on the Shallow Subsidy service expansion familiarized the larger group of SSVF grantees with the core concepts of Shallow Subsidy and the key elements of the service in advance of the nationwide expansion of the program, which was made possible with ARP funds.

In FY 2021, SSVF TA focused on providing virtual direct TA to grantees in large cities. This was a way to maximize impact in areas with high numbers of Veterans experiencing homelessness, which put them at high risk for contracting COVID-19. In particular, TA focused on helping SSVF and HUD-VASH staff effectively work together toward making equitable Veteran housing placements using revised guidance; that guidance highlighted SSVF's new flexibilities for serving Veterans in-process of leasing up with HUD-VASH vouchers. Additionally, communities with high numbers of Veterans residing in hotels/motels via EHA received intensive TA to address those Veterans' housing placement challenges. For Veterans who identified as BIPOC, the COVID-19 pandemic worsened already existing systemic disparities. To prevent existing disparities from being exacerbated, SSVF grantees were asked to conduct equity, diversity, and inclusion reviews. These reviews included examinations of program practices and outcomes with the goal of identifying and addressing disparities by race/ethnicity, gender, ability, family size, and other intersectional characteristics. To support this work, SSVF TA, program staff and grantee staff developed content and facilitated webinars and regional discussions on equity, providing information on structural and systemic racism and its direct relationship to the disparities seen in housing and homelessness.

8.2 Upcoming Service Strategies and Supports

Looking ahead to FY 2022, SSVF will continue to adapt its program to better serve Veterans and their families in-need during the ongoing COVID-19 pandemic and the housing affordability crisis.

8.2.1 Health Care Navigation Services

SSVF has continued to serve Veterans with high levels of need. In FY 2021, 66 percent of Veterans served by SSVF had disabling conditions at entry. Cardiovascular disease, substance use disorder, major depressive disorder, and post-traumatic stress disorder are the common major health issues of Veterans served by SSVF.

To meet Veterans' needs for appropriate health care coordination while receiving EHA, temporary, or more permanent housing supports, SSVF completed the nationwide expansion of Health Care Navigation and focused on the seamless integration of Health Care Navigators into the available services for Veterans served by SSVF.

8.2.2 Shallow Subsidy Expansion

Part of SSVF's response to the continuing national affordable housing crisis was the creation of the Shallow Subsidy program. This subsidy is structured to offer more modest rental support over a longer time period than traditional SSVF rapid re-housing or homelessness prevention. These subsidies are targeted to serve low-income Veteran households and are offered as part of grantees' progressive engagement approach to case management.

This new type of rental assistance was first offered in September 2019 as a pilot program in areas characterized by high costs, low availability of affordable housing, and high rates of homelessness. At that time, pilot grantees from the selected communities participated in a kick-off training event and began to administer the service in their areas.

In light of rising housing costs in rental markets across the country, and with new resources made available through the American Rescue Plan, the VA intends to expand Shallow Subsidy nationwide in the coming fiscal year.

The VA's SSVF Program Office will provide intensive TA and planning support to support the national launch of Shallow Subsidy in FY 2022 and to ensure the service is fully utilized in order to support Veteran housing stability. This will include FAQ guidance, Communities of Practice, and direct TA to support the implementation.

8.2.3 Federal Partnerships

This year, SSVF continued its partnership with the U.S. Department of Labor's Homeless Veterans' Reintegration Program (HVRP), a Veteran-specific employment and training program, co-enrolling and coordinating care to participants so that they may reach economic self-sufficiency by the end of the shallow rental subsidy.

In FY 2022, VA will continue to work closely with other VA homelessness programs and federal partners, namely HUD, U.S. Department of Labor/Veterans' Employment and Training Service (DOL/VETS) and USICH, to support SSVF grantees as they provide a growing suite of services during the COVID-19 pandemic and ensure a coherent, coordinated approach to supporting direct community-level efforts to end homelessness among Veterans.

8.2.4 Tracking Progress and Next Steps

As the COVID-19 pandemic persists into FY 2022, SSVF will continue to respond to Veterans and their family's evolving needs. With the availability of COVID-19 vaccines SSVF will assist grantees in ensuring they understand vaccination and booster guidance and ways to minimize potential exposure to COVID-19.

The VA's SSVF Program Office will continue to leverage its resources to provide comprehensive program-based TA, while also emphasizing SSVF's unique role in local efforts to end homelessness among Veterans. In October 2015, VA, HUD, and USICH took the important step of publicly defining criteria and related performance benchmarks for achieving

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the goal of ending homelessness among Veterans. These criteria and benchmarks were updated in 2019.⁴⁹ This information is crucial in helping prioritize federal and local efforts to end and prevent Veteran homelessness.

In FY 2022, VA will move to publish its interim final rule on SSVF shallow subsidies to provide a more effective subsidy to veterans in high-cost rental markets, increase the cap on General Housing Assistance to reflect increased costs, and extend the ability of SSVF grantees to provide emergency housing for the most vulnerable, Veteran households experiencing unsheltered homelessness. This rule will be based on pilot program experiences and recent research on rental market changes and low-income household rent burdens.

Over the next year, SSVF will continue to collaborate and innovate with local community providers, Veterans, and other key stakeholders to end Veteran homelessness. SSVF will use a blend of national, regional, and one-on-one TA in virtual and in-person formats to best serve grantees and Veterans. Ultimately, SSVF's efforts will be measured by its contribution to reducing systemic disparities experienced by Veterans in need, promoting equity, and meaningfully reducing the number of Veterans and their family members experiencing homelessness each year. That entails SSVF continuing to drive a transformation of the Veterans homeless services and prevention system, connecting Veterans in need to permanent housing, and ensuring that homelessness in the future is prevented whenever possible or is otherwise a rare, brief, and one-time experience.

⁴⁹ United State Interagency Council on Homelessness, Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness, retrieved April 13, 2022, www.usich.gov/tools-for-action/criteria-for-ending-veteran-homelessness.

Appendices

Appendix 1. FY 2021 SSVF Grantees

Appendix 2. CARF or COA Accredited SSVF Grantees, September 2021

Appendix 3. Data Sources

Appendix 4. List of Exhibits

Appendix 5. Further Information



Appendix 1. FY 2021 SSVF Grantees

<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Housing First, Inc.	12-AL-002	Alabama
United Way of Central Alabama	14-ZZ-153	Alabama
Volunteers of America Southeast, Inc.	20-AL-439	Alabama
	3	Alabama Grantees
Catholic Social Services	12-AK-001	Alaska
Fairbanks Rescue Mission, Inc.	20-AK-152	Alaska
	2	Alaska Grantees
Catholic Charities Community Services, Inc.	14-AZ-160	Arizona
Community Bridges, Inc.	19-AZ-436	Arizona
National Community Health Partners	14-AZ-157	Arizona
Primavera Foundation	19-AZ-004	Arizona
United States Veterans Initiative	20-AZ-159	Arizona
	5	Arizona Grantees
St. Francis House, Inc.	20-AR-086	Arkansas
	1	Arkansas Grantee
1736 Family Crisis Center	20-CA-441	California
Berkeley Food and Housing Project	20-CA-437	California
California Veterans Assistance Foundation, Inc.	13-CA-090	California
Catholic Charities of the Diocese of Stockton	14-CA-177	California
Community Action Partnership of San Luis Obispo County, Inc.	18-CA-358	California
Community Catalysts of California	18-CA-019	California
East Oakland Community Project	14-CA-167	California
Good Samaritan Shelter	20-CA-359	California
Goodwill of Silicon Valley (dba Goodwill Industries of Santa Clara County)	12-CA-013	California
Homefirst Services of Santa Clara County	19-CA-010	California
Housing Matters	14-CA-169	California
Knowledge, Education for Your Success, Inc.	14-CA-170	California
Lighthouse Social Service Centers	18-CA-171	California

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Mental Health America of Los Angeles	19-CA-005	California
NBCC (DBA New Beginnings)	14-CA-163	California
People Assisting the Homeless	19-CA-014	California
People Assisting the Homeless	20-CA-440	California
Shelter, Inc.	12-CA-016	California
Swords To Plowshares Veterans Rights Organization	18-CA-091	California
The Salvation Army	20-CA-017	California
United States Veterans Initiative	18-CA-008	California
United States Veterans Initiative	18-CA-354	California
Vietnam Veterans of California, Inc.	19-CA-009	California
Vietnam Veterans of San Diego	19-CA-173	California
Volunteers of America Los Angeles	18-CA-006	California
Volunteers of America Los Angeles	18-CA-176	California
Volunteers of America of Greater Sacramento and Northern Nevada, Inc.	12-CA-018	California
Volunteers of America Southwest California, Inc.	18-CA-420	California
WestCare California, Inc.	18-CA-011	California
	29	California Grantees
Rocky Mountain Human Services	20-CO-020	Colorado
	1	Colorado Grantee
Columbus House, Inc.	14-CT-178	Connecticut
Community Renewal Team, Inc.	12-CT-021	Connecticut
The Workplace, Inc.	13-CT-093	Connecticut
	3	Connecticut Grantees
Connections Community Support Programs, Inc.	13-DE-095	Delaware
	1	Delaware Grantee
Advocate Program, Inc.	12-FL-024	Florida
Big Bend Homeless Coalition, Inc.	14-FL-179	Florida
Faith, Hope, Love, Charity, Inc.	13-FL-096	Florida
Homeless Services Network of Central Florida, Inc.	18-FL-023	Florida

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Jewish Family & Childrens Service of The Suncoast Inc	12-FL-028	Florida
Meridian Behavioral Healthcare, Inc.	14-FL-184	Florida
Purpose Built Families Foundation	19-FL-025	Florida
Society of St. Vincent de Paul South Pinellas, Inc.	20-FL-099	Florida
Tampa Crossroads, Inc.	18-FL-362	Florida
Treasure Coast Homeless Services Council, Inc.	14-FL-322	Florida
United Way of Broward County, Inc.	14-FL-181	Florida
Volunteers of America of Florida, Inc.	18-FL-187	Florida
	12	Florida Grantees
Central Savannah River Area Economic Opportunity Authority, Inc. (CSRA EOA)	12-GA-029	Georgia
Project Community Connections, Inc.	20-GA-369	Georgia
Travelers Aid of Metro Atlanta, Inc.	20-GA-188	Georgia
Volunteers of America Southeast, Inc.	15-GA-325	Georgia
	4	Georgia Grantees
WestCare Pacific Islands, Inc.	15-GU-326	Guam
	1	Guam Grantee
Catholic Charities Hawaii	18-HI-374	Hawaii
United States Veterans Initiative	18-HI-190	Hawaii
	2	Hawaii Grantees
El-Ada, Inc.	12-ID-032	Idaho
	1	Idaho Grantee
Catholic Charities of The Archdiocese of Chicago	14-IL-198	Illinois
Chestnut Health Systems, Inc.	14-IL-197	Illinois
Featherfist	14-IL-194	Illinois
Heartland Human Care Services, Inc.	13-IL-105	Illinois
Midwest Shelter for Homeless Veterans, Inc.	14-IL-196	Illinois
The Salvation Army	13-IL-104	Illinois
Thresholds	12-IL-033	Illinois
	7	Illinois Grantees

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Community Action of Northeast Indiana, Inc. (dba Brightpoint)	13-IN-106	Indiana
HVAF of Indiana, Inc.	20-IN-451	Indiana
InteCare, Inc.	14-IN-200	Indiana
Lafayette Transitional Housing Center, Inc.	14-IN-199	Indiana
Northwest Indiana Community Action Corp.	20-IN-442	Indiana
Volunteers of America of Indiana, Inc.	15-IN-201	Indiana
	6	Indiana Grantees
Family Alliance for Veterans of America, Inc.	14-IA-191	Iowa
Hawkeye Area Community Action Program, Inc.	15-IA-192	Iowa
Primary Health Care, Inc.	13-IA-103	Iowa
	3	Iowa Grantees
Catholic Charities, Inc. (Diocese of Wichita)	14-KS-322	Kansas
Salvation Army	20-KS-443	Kansas
	2	Kansas Grantees
Kentucky River Foothills Development Council, Inc.	20-KY-204	Kentucky
Volunteers of America Mid-States, Inc.	18-KY-379	Kentucky
	2	Kentucky Grantees
Elle Foundation	20-LA-207	Louisiana
Hope Center, Inc.	14-LA-205	Louisiana
Start Corporation	20-LA-208	Louisiana
Wellspring Alliance for Families, Inc.	12-LA-039	Louisiana
	4	Louisiana Grantees
Preble Street	12-ME-043	Maine
	1	Maine Grantee
Alliance, Inc.	12-MD-042	Maryland
Diakonia, Inc.	14-MD-216	Maryland
New Vision House of Hope, Inc.	14-MD-215	Maryland
Project PLASE, Inc.	14-MD-214	Maryland
St. James A.M.E. Zion Church-Zion House	14-MD-217	Maryland

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Three Oaks Homeless Shelter, Inc.	13-MD-107	Maryland
	6	Maryland Grantees
Veterans Northeast Outreach Center, Inc.	14-MA-209	Massachusetts
Vietnam Veterans Workshop, Inc.	20-MA-211	Massachusetts
Volunteers of America of Massachusetts, Inc.	12-MA-040	Massachusetts
	3	Massachusetts Grantees
Alger Marquette Community Action Board	15-MI-328	Michigan
Blue Water Center for Independent Living, Inc.	14-MI-218	Michigan
Community Action Agency	14-MI-220	Michigan
Community Rebuilders	14-MI-223	Michigan
Northwest Michigan Community Action Agency, Inc.	13-MI-108	Michigan
Oakland Livingston Human Service Agency	20-MI-221	Michigan
Southwest Counseling Solutions	12-MI-045	Michigan
Volunteers of America of Michigan, Inc.	20-MI-226	Michigan
Wayne Metropolitan Community Action Agency	12-MI-044	Michigan
	9	Michigan Grantees
Minnesota Assistance Council for Veterans	19-MN-046	Minnesota
	1	Minnesota Grantee
Catholic Charities Inc	14-MS-234	Mississippi
Hancock Resource Center	14-MS-232	Mississippi
Mississippi United to End Homelessness	14-MS-231	Mississippi
Region XII Commission on Mental Health & Retardation	19-MS-111	Mississippi
	4	Mississippi Grantees
Catholic Charities of Kansas City - St Joseph, Inc.	13-MO-110	Missouri
Catholic Charities of Southern Missouri, Inc.	15-MO-330	Missouri
Kitchen Inc	14-MO-228	Missouri
Phoenix Programs, Inc.	19-MO-229	Missouri
St. Patrick Center	16-MO-048	Missouri

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
	5	Missouri Grantees
Central Nebraska Community Action Partnership, Inc	17-NE-052	Nebraska
Northeast Nebraska Community Action Partnership Inc	14-NE-238	Nebraska
	2	Nebraska Grantees
The Salvation Army	20-NV-118	Nevada
United States Veterans Initiative	20-NV-056	Nevada
Vietnam Veterans of California, Inc.	13-NV-117	Nevada
	3	Nevada Grantees
Harbor Homes, Inc.	13-NH-115	New Hampshire
	1	New Hampshire Grantee
Catholic Charities Dioceses of Camden, Inc.	12-NJ-053	New Jersey
Catholic Family & Community Services	14-NJ-242	New Jersey
Community Hope, Inc.	16-NJ-054	New Jersey
	3	New Jersey Grantees
Goodwill Industries of New Mexico	12-NM-055	New Mexico
Mesilla Valley Community of Hope	14-NM-247	New Mexico
New Mexico Veterans Integration Centers	14-NM-246	New Mexico
	3	New Mexico Grantees
Albany Housing Coalition, Inc.	14-NY-256	New York
Catholic Charities of the Roman Catholic Diocese of Syracuse NY	13-NY-119	New York
Economic Opportunity Council of Suffolk Inc	14-NY-254	New York
HELP Social Service Corporation	12-NY-060	New York
Services for the UnderServed, Inc.	20-NY-062	New York
Soldier On of Delaware, Inc.	13-NY-121	New York
The Jericho Project	20-NY-250	New York
Utica Center for Development, Inc.	14-NY-249	New York
Veterans & Community Housing Coalition Inc	14-NY-251	New York

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Veterans One-stop Center of WNY, Inc.	20-NY-446	New York
Volunteers of America-Greater New York, Inc.	14-NY-259	New York
Westchester Community Opportunity Program, Inc. (WestCOP)	12-NY-063	New York
	12	New York Grantees
Asheville Buncombe Community Christian Ministry, Inc.	19-NC-114	North Carolina
Catholic Charities Diocese of Charlotte	20-NC-444	North Carolina
Homeward Bound of Western North Carolina, Inc.	18-NC-387	North Carolina
Passage Home, Inc.	12-NC-050	North Carolina
United Way of Forsyth County, Inc.	12-NC-049	North Carolina
Volunteers of America of the Carolinas, Inc.	21-NC-237	North Carolina
	6	North Carolina Grantees
Community Action Partnership of North Dakota	12-ND-051	North Dakota
	1	North Dakota Grantee
Community Action Agency of Columbiana County, Inc.	14-OH-264	Ohio
Community Action Program Corporation of Washington-Morgan Counties, Ohio	14-OH-265	Ohio
Community Support Services, Inc.	14-OH-267	Ohio
Faith Mission, Inc.	14-OH-266	Ohio
Family & Community Services, Inc.	14-OH-262	Ohio
Licking County Coalition for Housing	14-OH-261	Ohio
Lutheran Social Services of Central Ohio Inc	15-OH-333	Ohio
Maumee Valley Guidance Center, Inc.	13-OH-124	Ohio
Mental Health Services for Homeless Persons, Inc. d.b.a FrontLine Service	12-OH-064	Ohio
The Salvation Army, Inc.	14-OH-268	Ohio
Volunteers of America of Greater Ohio, Inc.	19-OH-269	Ohio
	11	Ohio Grantees
Community Service Council of Greater Tulsa, Inc.	20-OK-065	Oklahoma
Goodwill Industries of Central Oklahoma, Inc.	14-OK-271	Oklahoma
KI BOIS Community Action Foundation, Inc.	14-OK-270	Oklahoma
	3	Oklahoma Grantees

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Access	19-OR-128	Oregon
Central Oregon Veteran & Community Outreach, Inc	13-OR-126	Oregon
Columbiacare Services, Inc.	20-OR-447	Oregon
Community Action Partnership of Oregon	20-OR-430	Oregon
Community Action Team, Inc.	13-OR-125	Oregon
Easter Seals Oregon	20-OR-272	Oregon
St. Vincent de Paul Society of Lane County, Inc.	18-OR-066	Oregon
	7	Oregon Grantees
Catholic Charities of the Diocese of Allentown	14-PA-281	Pennsylvania
Commission on Economic Opportunity of Luzerne County	15-PA-068	Pennsylvania
Community Action Agency of Delaware County, Inc.	14-PA-276	Pennsylvania
Lawrence County Social Services, Inc.	14-PA-277	Pennsylvania
Opportunity House	20-PA-130	Pennsylvania
Soldier On of Delaware, Inc.	14-PA-280	Pennsylvania
Utility Emergency Services Fund	14-PA-274	Pennsylvania
Veterans Leadership Program of Western Pennsylvania, Inc.	13-PA-129	Pennsylvania
Veterans Multi-Service Center, Inc.	15-PA-334	Pennsylvania
Volunteers of America of Pennsylvania, Inc.	14-PA-282	Pennsylvania
YWCA of Greater Harrisburg	14-PA-273	Pennsylvania
	11	Pennsylvania Grantees
Casa del Peregrino Aguadilla, Inc.	18-PR-132	Puerto Rico
	1	Puerto Rico Grantee
Alston Wilkes Society	13-ZZ-134	South Carolina
One-Eighty Place	18-SC-069	South Carolina
	2	South Carolina Grantees
Cornerstone Rescue Mission	20-SD-136	South Dakota
	1	South Dakota Grantee
Catholic Charities of The Diocese of Memphis Inc	14-TN-287	Tennessee
Operation Stand Down Tennessee	14-TN-285	Tennessee

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Volunteer Behavioral Health Care System	14-TN-284	Tennessee
West Tennessee Legal Services, Inc.	13-TN-139	Tennessee
	4	Tennessee Grantees
American GI Forum National Veterans Outreach Program, Inc.	21-TX-292	Texas
Baker Ripley	19-TX-290	Texas
Career And Recovery Resources Inc	20-TX-448	Texas
Caritas of Austin	20-TX-072	Texas
Catholic Charities Diocese of Fort Worth, Inc.	12-TX-075	Texas
Families in Crisis, Inc.	12-TX-071	Texas
Family Endeavors, Inc.	21-TX-074	Texas
Front Steps, Inc.	18-TX-404	Texas
Lubbock Mental Health and Retardation Center (dba Starcare)	18-TX-433	Texas
Sabine Valley Regional Mental Health Mental Retardation Center	14-TX-293	Texas
The Salvation Army	19-TX-140	Texas
United States Veterans Initiative	19-TX-288	Texas
West Central Texas Regional Foundation	20-TX-141	Texas
	13	Texas Grantees
The Methodist Training and Outreach Center, Inc.	14-VI-299	U.S. Virgin Islands
	1	U.S. Virgin Islands Grantee
The Road Home	15-UT-336	Utah
	1	Utah Grantee
Hampton Roads Community Action Program, Inc.	14-VA-296	Virginia
STOP Incorporated	14-VA-298	Virginia
Total Action Against Poverty in Roanoke Valley	14-VA-294	Virginia
Virginia Beach Community Development Corporation	14-VA-297	Virginia
Virginia Supportive Housing	12-VA-077	Virginia
Volunteers of America Chesapeake	20-VA-144	Virginia
	6	Virginia Grantees

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Catholic Community Services of Western Washington	20-WA-146	Washington
Hopesource	20-WA-338	Washington
Opportunity Council	19-WA-079	Washington
Sound	19-WA-078	Washington
YWCA of Seattle - King County - Snohomish County	13-WA-148	Washington
	5	Washington Grantees
Helping Heroes, Inc.	14-WV-304	West Virginia
The Greater Wheeling Coalition for the Homeless, Inc.	14-WV-303	West Virginia
West Virginia Community Action Partnerships Inc	14-WV-305	West Virginia
	3	West Virginia Grantees
Center for Veterans Issues, Ltd.	18-WI-080	Wisconsin
Community Action Coalition for South Central Wisconsin, Inc.	13-WI-151	Wisconsin
Indianhead Community Action Agency	14-WI-302	Wisconsin
	3	Wisconsin Grantees
Blue Mountain Action Council	20-ZZ-147	Multiple States
Blue Valley Community Action, Inc.	18-ZZ-239	Multiple States
Centerstone of Tennessee, Inc.	19-ZZ-070	Multiple States
Changing Homelessness, Inc.	19-ZZ-324	Multiple States
Eastern Carolina Homelessness Organization, Inc.	20-SC-402	Multiple States
Friendship Place	19-ZZ-094	Multiple States
Goodwill Industries of The Inland Northwest	20-ZZ-301	Multiple States
Homeless Veterans Fellowship	19-ZZ-317	Multiple States
Housing Counseling Services, Inc.	14-ZZ-313	Multiple States
Humility Homes and Services, Inc.	12-ZZ-031	Multiple States
Mid Michigan Community Action Agency Inc	20-MI-222	Multiple States
Northwest Florida Comprehensive Services for Children Inc	20-ZZ-026	Multiple States
Operation Renewed Hope	14-ZZ-318	Multiple States
Operation Stand Down Rhode Island	13-ZZ-133	Multiple States
Restart Inc	18-ZZ-386	Multiple States
Salvation Army	18-ZZ-036	Multiple States

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<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Soldier On, Inc.	16-ZZ-058	Multiple States
St. Vincent de Paul Social Services, Inc.	14-ZZ-260	Multiple States
Talbert House	19-ZZ-263	Multiple States
Transition Projects, Inc.	19-ZZ-127	Multiple States
Transitional Living Services	14-ZZ-308	Multiple States
University of Vermont and State Agricultural College	13-ZZ-145	Multiple States
Veterans Inc.	12-ZZ-041	Multiple States
Veterans Multi-Service Center, Inc.	19-ZZ-278	Multiple States
Vietnam Veterans of California, Inc.	20-ZZ-158	Multiple States
Volunteers of America Colorado Branch	20-ZZ-092	Multiple States
Volunteers of America Mid-States, Inc.	16-ZZ-037	Multiple States
Volunteers of America of Illinois	18-ZZ-034	Multiple States
Volunteers of America Southeast Louisiana, Inc.	12-LA-038	Multiple States
Volunteers of America, Northern Rockies	20-ZZ-113	Multiple States
	30	Multiple States Grantees
	251	Total U.S. Grantees

SOURCE: SSVF–Program Office.

Appendix 2. CARF or COA Accredited SSVF Grantees, September 2021

<i>Grantee</i>	<i>Grant Number</i>	<i>State/Territory</i>
Housing First, Inc.	12-AL-002	Alabama
United Way of Central Alabama	14-ZZ-153	Alabama
Volunteers of America Southeast, Inc.	20-AL-439	Alabama
	3	Alabama Grantees
Catholic Social Services	12-AK-001	Alaska
	1	Alaska Grantee
Catholic Charities Community Services, Inc.	14-AZ-160	Arizona
National Community Health Partners	14-AZ-157	Arizona
Primavera Foundation	19-AZ-004	Arizona
United States Veterans Initiative	20-AZ-159	Arizona
	4	Arizona Grantees
Berkeley Food and Housing Project	20-CA-437	California
Community Action Partnership of San Luis Obispo County, Inc.	18-CA-358	California
Community Catalysts of California	18-CA-019	California
Goodwill of Silicon Valley (dba Goodwill Industries of Santa Clara County)	12-CA-013	California
Homefirst Services of Santa Clara County	19-CA-010	California
Mental Health America of Los Angeles	19-CA-005	California
NBCC (DBA New Beginnings)	14-CA-163	California
People Assisting the Homeless	19-CA-014	California
People Assisting the Homeless	20-CA-440	California
The Salvation Army	20-CA-017	California
United States Veterans Initiative	18-CA-008	California
United States Veterans Initiative	18-CA-354	California
Vietnam Veterans of California, Inc.	19-CA-009	California
Vietnam Veterans of San Diego	19-CA-173	California
Volunteers of America of Greater Sacramento and Northern Nevada, Inc.	12-CA-018	California
Volunteers of America Southwest California, Inc.	18-CA-420	California
WestCare California, Inc.	18-CA-011	California
	17	California Grantees
Columbus House, Inc.	14-CT-178	Connecticut

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	1	Connecticut Grantee
Connections Community Support Programs, Inc.	13-DE-095	Delaware
	1	Delaware Grantee
Advocate Program, Inc.	12-FL-024	Florida
Faith, Hope, Love, Charity, Inc.	13-FL-096	Florida
Jewish Family & Childrens Service of The Suncoast Inc	12-FL-028	Florida
Meridian Behavioral Healthcare, Inc.	14-FL-184	Florida
Purpose Built Families Foundation	19-FL-025	Florida
Society of St. Vincent de Paul South Pinellas, Inc.	20-FL-099	Florida
Tampa Crossroads, Inc.	18-FL-362	Florida
United Way of Broward County, Inc.	14-FL-181	Florida
	8	Florida Grantees
Travelers Aid of Metro Atlanta, Inc.	20-GA-188	Georgia
Volunteers of America Southeast, Inc.	15-GA-325	Georgia
	2	Georgia Grantees
WestCare Pacific Islands, Inc.	15-GU-326	Guam
	1	Guam Grantee
Catholic Charities Hawaii	18-HI-374	Hawaii
United States Veterans Initiative	18-HI-190	Hawaii
	2	Hawaii Grantees
Catholic Charities of The Archdiocese of Chicago	14-IL-198	Illinois
Featherfist	14-IL-194	Illinois
Heartland Human Care Services, Inc.	13-IL-105	Illinois
The Salvation Army	13-IL-104	Illinois
Thresholds	12-IL-033	Illinois
	5	Illinois Grantees
InteCare, Inc.	14-IN-200	Indiana
Volunteers of America of Indiana, Inc.	15-IN-201	Indiana
	2	Indiana Grantees
Family Alliance for Veterans of America, Inc.	14-IA-191	Iowa
	3	Iowa Grantees
Salvation Army	20-KS-443	Kansas
	2	Kansas Grantees
Kentucky River Foothills Development Council, Inc.	20-KY-204	Kentucky
Volunteers of America Mid-States, Inc.	18-KY-379	Kentucky

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	2	Kentucky Grantees
Elle Foundation	20-LA-207	Louisiana
Start Corporation	20-LA-208	Louisiana
	2	Louisiana Grantees
Alliance, Inc.	12-MD-042	Maryland
New Vision House of Hope, Inc.	14-MD-215	Maryland
Project PLASE, Inc.	14-MD-214	Maryland
St. James A.M.E. Zion Church-Zion House	14-MD-217	Maryland
	4	Maryland Grantees
Vietnam Veterans Workshop, Inc.	20-MA-211	Massachusetts
Volunteers of America of Massachusetts, Inc.	12-MA-040	Massachusetts
	2	Massachusetts Grantees
Southwest Counseling Solutions	12-MI-045	Michigan
Volunteers of America of Michigan, Inc.	20-MI-226	Michigan
	2	Michigan Grantees
Catholic Charities Inc	14-MS-234	Mississippi
Region XII Commission on Mental Health & Retardation	19-MS-111	Mississippi
	2	Mississippi Grantees
Catholic Charities of Kansas City - St Joseph, Inc.	13-MO-110	Missouri
Catholic Charities of Southern Missouri, Inc.	15-MO-330	Missouri
Kitchen Inc	14-MO-228	Missouri
Phoenix Programs, Inc.	19-MO-229	Missouri
St. Patrick Center	16-MO-048	Missouri
	5	Missouri Grantees
United States Veterans Initiative	20-NV-056	Nevada
Vietnam Veterans of California, Inc.	13-NV-117	Nevada
	3	Nevada Grantees
Harbor Homes, Inc.	13-NH-115	New Hampshire
	1	New Hampshire Grantee
Catholic Family & Community Services	14-NJ-242	New Jersey
Community Hope, Inc.	16-NJ-054	New Jersey

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	2	New Jersey Grantees
Goodwill Industries of New Mexico	12-NM-055	New Mexico
Mesilla Valley Community of Hope	14-NM-247	New Mexico
New Mexico Veterans Integration Centers	14-NM-246	New Mexico
	3	New Mexico Grantees
Services for the UnderServed, Inc.	20-NY-062	New York
The Jericho Project	20-NY-250	New York
Utica Center for Development, Inc.	14-NY-249	New York
Veterans & Community Housing Coalition Inc	14-NY-251	New York
Volunteers of America-Greater New York, Inc.	14-NY-259	New York
	5	New York Grantees
Asheville Buncombe Community Christian Ministry, Inc.	19-NC-114	North Carolina
Volunteers of America of the Carolinas, Inc.	21-NC-237	North Carolina
	2	North Carolina Grantees
Community Support Services, Inc.	14-OH-267	Ohio
Faith Mission, Inc.	14-OH-266	Ohio
Family & Community Services, Inc.	14-OH-262	Ohio
Lutheran Social Services of Central Ohio Inc	15-OH-333	Ohio
Mental Health Services for Homeless Persons, Inc. d.b.a FrontLine Service	12-OH-064	Ohio
Volunteers of America of Greater Ohio, Inc.	19-OH-269	Ohio
	6	Ohio Grantees
Community Service Council of Greater Tulsa, Inc.	20-OK-065	Oklahoma
Goodwill Industries of Central Oklahoma, Inc.	14-OK-271	Oklahoma
KI BOIS Community Action Foundation, Inc.	14-OK-270	Oklahoma
	3	Oklahoma Grantees
Central Oregon Veteran & Community Outreach, Inc	13-OR-126	Oregon
	1	Oregon Grantee
Commission on Economic Opportunity of Luzerne County	15-PA-068	Pennsylvania
Veterans Multi-Service Center, Inc.	15-PA-334	Pennsylvania
	2	Pennsylvania Grantees
Alston Wilkes Society	13-ZZ-134	South Carolina
One-Eighty Place	18-SC-069	South Carolina

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	2	South Carolina Grantees
Operation Stand Down Tennessee	14-TN-285	Tennessee
Volunteer Behavioral Health Care System	14-TN-284	Tennessee
	2	Tennessee Grantees
American GI Forum National Veterans Outreach Program, Inc.	21-TX-292	Texas
Families in Crisis, Inc.	12-TX-071	Texas
Family Endeavors, Inc.	21-TX-074	Texas
United States Veterans Initiative	19-TX-288	Texas
West Central Texas Regional Foundation	20-TX-141	Texas
	5	Texas Grantees
STOP Incorporated	14-VA-298	Virginia
Volunteers of America Chesapeake	20-VA-144	Virginia
	2	Virginia Grantees
Catholic Community Services of Western Washington	20-WA-146	Washington
Hopesource	20-WA-338	Washington
	2	Washington Grantees
Helping Heroes, Inc.	14-WV-304	West Virginia
The Greater Wheeling Coalition for the Homeless, Inc.	14-WV-303	West Virginia
	2	West Virginia Grantees
Center for Veterans Issues, Ltd.	18-WI-080	Wisconsin
	1	Wisconsin Grantee
Blue Mountain Action Council	20-ZZ-147	Multiple States
Centerstone of Tennessee, Inc.	19-ZZ-070	Multiple States
Changing Homelessness, Inc.	19-ZZ-324	Multiple States
Friendship Place	19-ZZ-094	Multiple States
Goodwill Industries of The Inland Northwest	20-ZZ-301	Multiple States
Homeless Veterans Fellowship	19-ZZ-317	Multiple States
Housing Counseling Services, Inc.	14-ZZ-313	Multiple States
Northwest Florida Comprehensive Services for Children Inc	20-ZZ-026	Multiple States
Salvation Army	18-ZZ-036	Multiple States
Talbert House	19-ZZ-263	Multiple States
Transition Projects, Inc.	19-ZZ-127	Multiple States
Transitional Living Services	14-ZZ-308	Multiple States

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University of Vermont and State Agricultural College	13-ZZ-145	Multiple States
Veterans Inc.	12-ZZ-041	Multiple States
Veterans Multi-Service Center, Inc.	19-ZZ-278	Multiple States
Vietnam Veterans of California, Inc.	20-ZZ-158	Multiple States
Volunteers of America Colorado Branch	20-ZZ-092	Multiple States
Volunteers of America Mid-States, Inc.	16-ZZ-037	Multiple States
Volunteers of America of Illinois	18-ZZ-034	Multiple States
Volunteers of America Southeast Louisiana, Inc.	12-LA-038	Multiple States
Volunteers of America, Northern Rockies	20-ZZ-113	Multiple States
	21	Multiple States Grantees
	132	Total U.S. Grantees

SOURCE: SSVF–Program Office.

Appendix 3. Data Sources

SSVF Program Data Sources

1. HMIS Repository data
2. Grantee financial reports
 - a. Drawdown reports
 - b. End of year closeout reports
 - c. Financial expenditure reports
3. Participant satisfaction surveys
4. HOMES
5. Veterans Health Administration Support Service Center, Office of Information and Analytics

Information for this report was obtained through the SSVF data repository hosted by VA. The repository stores data on program participants collected and entered by grantees into local HMIS. Data are then uploaded from local HMIS to the data repository. This report also includes aggregated data from grantee quarterly reports and aggregated responses to program participant satisfaction surveys completed by SSVF participants nationwide, both of which are submitted to VA.

HOMES is an administrative database that tracks use of VA-specialized homelessness programs to assess the housing outcomes of Veterans served by SSVF following their exit from the program.

Other Data Sources

1. Annual Homeless Assessment Report (AHAR)
 - a. 2020 AHAR: Part 1 – PIT Estimates of Homelessness:
<https://www.hudexchange.info/resource/6291/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>
 - b. 2020 AHAR: Part 2 – Estimates of Homelessness in the U.S.:
<https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-2-pit-estimates-of-homelessness-in-the-us.html>
2. VA Office of the Actuary
 - a. FY 2021 Datasets: Age/Gender (Living) and Period Served (Living):
https://www.va.gov/vetdata/Veteran_Population.asp
3. United States Census Bureau
 - a. American Community Survey, 2021, 1-year estimates: Veteran Status (S2101).
<https://data.census.gov/cedsci/table?q=ACSST1Y2021.S2101&tid=ACSST1Y2019.S2101&hidePreview=true>

- b. Annual Estimates of the Resident Population for the United States, Regions, States, the District of Columbia, and Puerto Rico: April 1, 2010, to July 1, 2019; April 1, 2020; and July 1, 2020.
- c. <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-totals-national.html>

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Appendix 5. Further Information

For general information about the SSVF program, such as federal program rules, Notice of Funding Opportunity (NOFO) materials, grantee lists, and reports, see the SSVF website at [Supportive Services for Veteran Families \(va.gov\)](https://www.va.gov/ssvf).

For SSVF grantees seeking to develop, implement, and improve their program, VA has established the [Housing Skills Practice Center](https://www.va.gov/ssvf-housing-skills-practice-center) as an online resource. The site offers:

- ***COVID-19 response guidance and implementation tools***, including SSVF CARES Act funding guidance, federal programs coordination guidance (including a new SSVF-HUD-VASH referral packet, coordination memo and webinar), emergency housing assistance guidance, staffing guidance, and vaccine planning and tracking tools.
- ***Community coordination and planning tools***, such as federal guidance and tools on documenting and planning to end Veteran homelessness, a gaps analysis tool, resource trackers, and tools for updating community plans to end Veteran homelessness and align SSVF resources.
- ***User guides and staff development materials***, including guides that outline key decisions and effective practices for four key staffing types, and staff orientation and development resources.
- ***Practice areas and resources information*** about the practice of delivering effective and efficient homelessness prevention and rapid re-housing assistance for Veterans and their families. There are five Practice Areas, for each of which the site offers:
 - SSVF best practice standards
 - Guidance on effective practices and on integrating the core SSVF model principles of client choice, housing first, and crisis response.
 - Training resources, including links to relevant training produced by VA, HUD, and other entities
 - Toolkits with links to forms, templates, checklists, etc., that can be adapted or adopted by rapid re-housing and homelessness prevention programs
- ***Dynamic libraries***, including Veterans and homelessness research, SSVF webinars and program updates, and SSVF Launch and Regional meeting materials.